

TRUMP ADMINISTRATION'S RESPONSE TO THE DRUG CRISIS

HEARING BEFORE THE COMMITTEE ON OVERSIGHT AND REFORM HOUSE OF REPRESENTATIVES ONE HUNDRED SIXTEENTH CONGRESS

FIRST SESSION

MARCH 7, 2019

Serial No. 116-07

Printed for the use of the Committee on Oversight and Reform



Available on: <http://www.govinfo.gov>
<http://www.oversight.house.gov>
<http://www.docs.house.gov>

U.S. GOVERNMENT PUBLISHING OFFICE

36-619 PDF

WASHINGTON : 2019

COMMITTEE ON OVERSIGHT AND REFORM

ELIJAH E. CUMMINGS, Maryland, *Chairman*

CAROLYN B. MALONEY, New York	JIM JORDAN, Ohio, <i>Ranking Minority Member</i>
ELEANOR HOLMES NORTON, District of Columbia	JUSTIN AMASH, Michigan
WM. LACY CLAY, Missouri	PAUL A. GOSAR, Arizona
STEPHEN F. LYNCH, Massachusetts	VIRGINIA FOXX, North Carolina
JIM COOPER, Tennessee	THOMAS MASSIE, Kentucky
GERALD E. CONNOLLY, Virginia	MARK MEADOWS, North Carolina
RAJA KRISHNAMOORTHY, Illinois	JODY B. HICE, Georgia
JAMIE RASKIN, Maryland	GLENN GROTHMAN, Wisconsin
HARLEY ROUDA, California	JAMES COMER, Kentucky
KATIE HILL, California	MICHAEL CLOUD, Texas
DEBBIE WASSERMAN SCHULTZ, Florida	BOB GIBBS, Ohio
JOHN P. SARBANES, Maryland	RALPH NORMAN, South Carolina
PETER WELCH, VERMONT	CLAY HIGGINS, Louisiana
JACKIE SPEIER, California	CHIP ROY, Texas
ROBIN L. KELLY, Illinois	CAROL D. MILLER, West Virginia
MARK DESAULNIER, California	MARK E. GREEN, Tennessee
BRENDA L. LAWRENCE, Michigan	KELLY ARMSTRONG, North Dakota
STACEY E. PLASKETT, Virgin Islands	W. GREGORY STEUBE, Florida
RO KHANNA, California	
JIMMY GOMEZ, California	
ALEXANDRIA OCASIO-CORTEZ, New York	
AYANNA PRESSLEY, Massachusetts	
RASHIDA TLAIB, Michigan	

DAVID RAPALLO, *Staff Director*

SUSANNE SACHSMAN GROOMS, *Deputy Staff Director and Chief Counsel*

ELISA LANIER, *Chief Clerk and Director of Operations*

LUCINDA LESSLEY, *Policy Director and Senior Investigator*

COURTNEY FRENCH, *Senior Counsel*

LAURA RUSH, *Deputy Chief Clerk*

CHRISTOPHER HIXON, *Minority Staff Director*

CONTACT NUMBER: 202-225-5051

C O N T E N T S

Hearing held on March 7, 2019	Page 1
WITNESSES	
James W. Carroll, Jr., Office of National Drug Control Policy Oral Statement	7
Triana McNeil, Acting Director, Strategic Issues, Government Accountability Office Oral Statement	8
Mike McDaniel, Director, Houston High Intensity Drug Trafficking Area Oral Statement	9
<i>The written statements for witnesses are available at the U.S. House of Rep- resentatives Repository: https://docs.house.gov.</i>	

INDEX OF DOCUMENTS

The documents entered into the record throughout this hearing are listed below, and available at: <https://docs.house.gov>.

- * 2018 Houston HIDTA Threat Assessment Report, submitted by Rep. Cloud
- * Statement from Rep. Adam Kinzinger (R-IL), submitted by Rep. Jordan
- * New York Times Article, "The Bronx's Quiet, Brutal War with Opioids," Oct. 12, 2017, submitted by Rep. Ocasio-Cortez
- * Washington Post Article, "The Fentanyl Failure," March 13, 2019, submitted by Rep. Jordan
- * Questions for the Record (QFR's): Response from Director James Carroll

TRUMP ADMINISTRATION'S RESPONSE TO THE DRUG CRISIS

Thursday, March 7, 2019

HOUSE OF REPRESENTATIVES
COMMITTEE ON OVERSIGHT AND REFORM
WASHINGTON, D.C.

The committee met, pursuant to notice, at 10 a.m., 2154 Rayburn House Office Building, Hon. Elijah Cummings (chairman of the committee) presiding.

Present: Representatives Maloney, Norton, Clay, Lynch, Connolly, Krishnamoorthi, Rouda, Hill, Wasserman Schultz, Welch, Speier, Kelly, DeSaulnier, Gomez, Ocasio-Cortez, Pressley, Tlaib, Jordan, Amash, Gosar, Massie, Meadows, Hice, Grothman, Comer, Cloud, Gibbs, Norman, Higgins, Roy, Miller, Armstrong, and Steube.

Chairman CUMMINGS. The committee will come to order. Without objection, the chair is authorized to declare a recess of the committee at any time. The full committee hearing is convening to review the Trump Administration's response to the drug crisis. I now recognize myself for five minutes to give an opening statement.

Good morning and thank all of you for being here at this very important hearing. I believe today's hearing is one of the most critical hearings we will hold in this entire Congress.

In 2017, more than 70,000, let me repeat that, 70,000 people died from drug overdoses in our country. This is the highest number we have ever had in the United States. Families across our great nation, in red states and blue states, and purple states, and big cities, suburbs, and rural areas are struggling with the devastating consequences of this generational crisis.

On our committee, our members have many differences. But I am very proud that despite our differences, we have consistently worked on a bipartisan basis to address this crisis. For example, when the commission chaired by former New Jersey Governor, Chris Christie, issued its report back in 2017, our chairman at that time, Trey Gowdy, agreed to come to my district to hold a hearing where Governor Christie gave recommendations from the commission.

I said on that day to Governor Christie, who — and we do not agree on a whole lot — but I said to him that day, I said, "Governor, this is one of your finest moments."

Governor Christie warned us that this crisis, and these are his words, "Is the greatest and broadest public health epidemic of our lifetime." Here is just a quote, "to rise above the partisanship that we have in our country today." That is just what our committee has done.

Last year, we wrote bipartisan legislation to reauthorize the Office of National Drug Control Policy. We strengthened existing authorities and increased funding to help expand treatment and address emerging threats. That would not have been possible without a key compromise that was brokered by Congressman Meadows and Congressman Connolly.

In preparation for today's hearing, Ranking Member Jordan and his staff were extremely instrumental in bringing it together so that we could have an effective and efficient hearing with all of our witnesses on one panel. Mr. Ranking Member, I thank you. I really mean that. And I thank your staff, because you all worked very hard to make that happen. In fact, our two states, Maryland and Ohio, are among the hardest hit by the drug crisis.

Ohio had the second highest rate of death from drug overdoses in the entire nation. More than 5,000 people died from drug overdoses in Ohio in 2017 alone. In my home state of Maryland, we ranked 7th in the rate of drug deaths, with more than 2,000 deaths from drug overdoses, including 761 in Baltimore alone.

These include people like Joseph Banks. And listen to this one. Joseph Banks, a young, Baltimore City Police Officer died of a drug overdose just last month. Unfortunately, in contrast to our bipartisan urgency here in Congress, the White House office, charged with leading our Nation's efforts to combat the drug crisis, has been missing in action as deaths continue to mount.

There is both a leadership vacuum and competence vacuum at the head of ONDCP. It pains me to even say that. But that is what I truly believe.

Under Federal law, one of the most basic, important jobs of ONDCP is to issue a National Drug Control Strategy. However, in all of 2017, the Trump Administration failed to meet this most basic statutory requirement. In 2018, it was no different. No strategy was issued. Let that sink in for one moment: 70,000 people. Every time I go to the Ravens' Stadium, I look around and I think, that is a stadium that holds about 70,000 people. We lose that many people every year.

So for two years, more than half of President Trump's term, the White House had no National Drug Control Strategy. None. None. All while tens of thousands of people were dying, and the crisis was escalating every day. You know, we will talk a lot about deaths, but we also need to talk about, not only the dead, but the living. The people who are in the pipeline for death. The people that are in so much pain they do not even know they are in pain. So there was no sense of urgency. There was no sense of passion or purpose.

Finally, this past January, the White House issued its long-awaited strategy. But when we got it, we could see immediately that it was no strategy at all. It was a 23-page pamphlet. It fails to meet even the most basic requirements in the law. It doesn't. I do not think anybody in this room, we legislators, if we were presented with this would be satisfied if our staff presented this to us.

For example, it does not include detailed goals or objectives to combat the drug crisis. Today, the Director of ONDCP, James Carroll, is finally, finally appearing before the committee, but it was not easy to get him here. Last year, I repeatedly asked for Mr. Car-

roll to testify before us as the Acting Director of ONDCP in 2018, but he refused.

In January, shortly after I became chairman, I sent him a letter inviting him to testify, but we delayed the hearing to accommodate his last-minute trip to China to examine issues related to opioids. However, after we arranged for Director Carroll to appear today, he sent a letter saying that his attendance was, “conditional” on his demand to testify on his own panel without experts from the GAO.

That was despite the fact that Chairman Meadows held a hearing in 2015 with the previous head of ONDCP and GAO both on the same panel. A few days after that, Mr. Carroll sent another letter asking for yet another delay.

Mr. Carroll, I must tell you, that I at least wonder whether your priorities might be misplaced. Think about all those days and weeks and months you spent avoiding and delaying today’s hearing. Trying to fight us with regard to your appearance. That was a waste of everybody’s time. And one thing I will say to this committee. I want it to be clear. I am not wasting your time. Life is short. And we want to be effective and efficient in what we do.

So all the while, you could have been focused on developing a real strategy with concrete goals and measurable outcomes. You could have been focusing on complying with the law that the Congress, that we, passed. You could have been focused on saving the lives of tens of thousands of your fellow Americans. But you squandered that opportunity. Those days are lost forever. Just like the tens of thousands of our friends, our colleagues, our children, and our family members. So more than 190, every single day are dying. In fact, if today’s hearing lasts for just two hours, 15 people will die while we are sitting here explaining why we had no strategy for two years and still do not really have one today.

Mr. Carroll we are going to ask you some tough questions today, because that is our job. And I pray that we will do this in a bipartisan way. So when you respond, you have a choice to make. You can either buckle down and work with us. So help me God, we want to work with you. And we are happy to do that. It is up to you. All of the members of this committee on both sides of the aisle want to work with you. We want you to be successful. It is important to us. We are your authorizing committee, and we want to collaborate to battle this crisis. We need to succeed. We have no choice.

So as I close, I want to make it clear that I want to thank the many dedicated professionals at ONDCP who are working day in and day out to tackle this unrelenting crisis we face. And again, and I mean it from the depths of my heart, I do sincerely thank the ranking member for his assistance in pulling this hearing together. He basically saved us quite a bit of time, and we will be able to hopefully do this in an effective an efficient manner.

With that, I recognize, Distinguished Ranking Member, Mr. Jordan.

Mr. JORDAN. I thank the chairman, and I appreciate the chairman and his staff wanting to work with us to put this together. And I appreciate your leadership on this. This is certainly critical. I know how hard our state has been hit as the Chairman’s state. And so, we look forward to hearing from our witnesses. And the

tough questions the chairman talked about being asked. But before I get into my opening statement, Mr. Chairman, I did want to raise a separate issue with you. Last week at our hearing, you made a —with our witness —you made a, I think a good point. You said to the witness that if he misled this Congress, that you were going to hold him accountable.

Mr. Meadows and I sent a letter to the Justice Department highlighting at least six times where we felt a witness did just that, misled this Congress and made false statements. Last night, The Wall Street Journal reported at 11:56 p.m. that Mr. Cohen told his lawyer to seek a pardon from the President. When Mr. Cohen was here last week, he said, “I’ve never asked for and nor would I accept a pardon from the President.” Clearly, another lie. So we are up to seven. And I am just wondering what the chairman plans to do after his statement last week to the witness, where he said, “If you come here and say things that are not accurate, I will hold you accountable.”

Chairman CUMMINGS. No, no. That is not what I said. I said, “I will nail you to the cross.” That is what I said. If you have not learned anything about me —

Mr. JORDAN. Well, I am asking what did it mean?

Chairman CUMMINGS. I am going to answer your question now. Let me be clear. I do things in a very deliberate and very careful manner. I believe in integrity and carefulness. I have read your letter. I am going through the transcript, and I will make decisions and announcements with you. All right, are you finished? Were you finished?

Mr. JORDAN. No, I have got my opening statement.

Chairman CUMMINGS. Oh, I thought you were finished. Okay, go ahead.

Mr. JORDAN. I made clear, Mr. Chairman. I think it is important, just like you said. That when witnesses come in front of the Congress —

Chairman CUMMINGS. Well, I —

Mr. JORDAN [continuing]. that they are honest with you.

Chairman CUMMINGS. I just answered you. Did I not just answer you?

Mr. JORDAN. You said you are going to do something. You did not say what you were going to do.

Chairman CUMMINGS. I said that, again, let me say it slowly. I am a very deliberate and careful person. I believe in integrity. I refuse to do what I have seen done in this committee over the years. Where people go out and make headlines and then we have a hearing trying to come up with the facts to match it. I will do it. I will take my time, go through it, because I want credibility with the American people.

Mr. JORDAN. And so do I.

Chairman CUMMINGS. All right, that’s it.

Mr. JORDAN. So do I, Mr. Chairman.

Chairman CUMMINGS. I’ll give you a few minutes.

Mr. JORDAN. I want to thank our witnesses for joining us this morning. Our country is in the midst of an opioid epidemic that has hit close to home for so many Americans.

In 2017, there were 4,854 total unintentional drug overdose deaths in Ohio alone. Illicit fentanyl and related drugs were involved in more than 70 percent of those deaths. This is a problem both Chairman Cummings and I share and are committed to addressing.

As such, I am glad that we have Director Carroll with us at the committee this morning, and I look forward to hearing about your office and its plan to combat the drug crisis our Nation faces. Director Carroll oversees the Office of National Drug Control Policy, which was reauthorized last Congress by this committee on a bipartisan basis.

While it is hardly the only office within the administration focused on combating drug addiction, it plays a crucial role in this effort. And we must ensure that it succeeds in its mission. Now the title of this hearing is, “The Trump Administration’s Response to the Drug Crisis.” But we can all agree that this Nation is facing a crisis. We have said it several times already this morning. It is not a crisis that started on January 20th, 2017. It is a crisis that has been years in the making and one that continued to worsen under the prior administration.

The Obama Administration demoted the ONDCP from a cabinet-level position in 2009. A 2016 GAO report found the Obama’s 2010 National Drug Control Strategy made moderate progress but none of the strategy goals have been achieved. More recently, in response to the devastating increase in drug overdose deaths and opioid misuse, important and timely changes were enacted to address the crisis.

For instance, the Trump Administration declared a public health emergency. Congress has passed legislation providing funding directly aimed at the crisis and Federal agencies have taken aggressive steps geared toward the scaling back of opioid use. In 2017, the President convened a commission on combating drug addiction and the opioid crisis. And last March, the President announced an initiative to stop opioid abuse and reduce drug supply and demand.

Additionally, law enforcement agencies across Federal, state, and local entities continue to work tirelessly to prevent the flow of illicit drugs into the country by patrolling our borders and disrupting drug trafficking organizations.

In January, Customs and Borders Protection agents arrested an individual trying to cross the border into the country from Mexico with a record amount of fentanyl. The agencies —enough fentanyl —think about this, enough fentanyl to kill 57 million Americans. We know that combating the supply and demand of drugs in this country is not a one-size-fits-all approach, but a great place to start would be doing what we said, actually securing the border.

The opioid crisis does not strike each state or each community in the same way. What prevention or enforcement efforts may be effective in one area may not work in another. It is imperative that we equip states and communities with the resources need to reduce drug supply, prevent illicit drug use, and provide needed treatment. That is not a problem that funding alone can solve. We need a thoughtful —thoughtfully empower each community to address its unique needs. An essential key to curbing illicit drug use is coordination between Federal, state, and local entities to that end.

Both of the grant programs, housed in ONDCP, the Drug Free Community Program and the High Intensity Drug Traffic Area Program, play a critical role in assisting and helping local communities in from preventing and reducing illegal drug supply and demand.

I want to note that I appreciate the Chairman having two hearings this week on important issues that our committee has legislative jurisdiction over. When this committee does its best work, it is done on a bipartisan basis and it focuses on improving Government efficiency and effectiveness.

However, while the mission of ONDCP is crucial and our vigilance is proper, I think it is important to note that just last year, we reauthorized ONDCP. In that reauthorization, ONDCP was equipped with various reforms to ensure it has an effective coordinating body. And I think, Mr. Chairman, you and I can both agree that we want the office to succeed.

So while Oversight's focus here is certainly proper, I hope that we did not prematurely judge these efforts and remain optimistic about the progress that we all expect to see. That being said, I look forward to hearing from Director Carroll about how his office and his agency and his grant programs can effectively coordinate a response to the epidemic. This is a seminal public health crisis in our time. I also look forward to hearing from GAO and the HIDTA program. I want to thank all of you for the time that you have spent to be here, and I look forward to hearing from you in just a few minutes.

Chairman CUMMINGS. I want to thank our ranking member. I would like to briefly recognize our colleague, a representative from the great state of Texas, Mr. Cloud, who has a constituent testifying today. I yield the gentleman two minutes.

Mr. CLOUD. Thank you, Mr. Chairman. I have the distinct honor of introducing Michael McDaniel. He is the Director of the Houston HIDTA program, High Intensity Drug Trafficking Area Program. I want to compliment him on his long and distinguished career in law enforcement. But for the last eight years, he has been the lead at the HIDTA program that oversees 17 counties and five of which are in my district: Victoria, Rifuriou, Orantes, San Pat and Oasis. I know that you do great work with law enforcement throughout the region and look forward to hearing more from you today. Thanks for taking the time to be here.

Chairman CUMMINGS. I want to thank the gentleman and welcome Mr. McDaniel.

Now I want to welcome the ONDCP Director James Carroll, Triana McNeil the Acting Director, Homeland Security and Justice of the Government Accountability Office, who is accompanied by Mary Denigan-Macauley, who is the Acting Director, Health Care, and Mike McDaniel, of course, the Director of the Houston High Intensity Drug Trafficking Area, who was ably introduced by our Representative Cloud. And I thank them for participating in today's hearing. If you all would please stand and raise your right hand.

[Witnesses sworn.]

Chairman CUMMINGS. Let the record show that the witnesses answered in the affirmative, and I want to thank you. Now the micro-

phones are very sensitive, so please speak into them directly. Make sure you turn them on when you get ready to talk.

Without objection, your written statements will be made a part of the record. With that, Director Carroll, you are now recognized to give an oral presentation. Again, I try to be, I try to be flexible with our witnesses, so that you can get out what you want to say, but I would like for you to keep it within the five minutes. But I will try to work with you, if you work with us, all right, Mr. Carroll.

STATEMENT OF JAMES CARROLL, DIRECTOR OF OFFICE OF NATIONAL DRUG CONTROL POLICY

Mr. CARROLL. Thank you Chairman Cummings, Ranking Member Jordan and members of the committee. Thank you for inviting the Office of National Drug Control Policy to discuss the challenge America faces from the opioid epidemic and the broader addiction crisis.

Addiction does not discriminate. It impacts people from all walks of life, regardless of race, religion, creed, socio-economic status. Addiction and death from drug overdose are callously indifferent.

This is truly a crisis impacting all Americans, and we must be relentless in our efforts to save the lives of fellow citizens. Chairman Cummings, as you just stated, over 70,000 Americans lost their lives in 2017 to drug overdoses, approximately 192 people a day who have died from this.

Overdose involving opioids have increased by almost 500 percent since 1999. And the drug trafficking environment that we face today is exponentially more dynamic and more dangerous than it was just five years ago. The internet offers new and unique challenges. Drugs come into the country at a high volume through our mail system, commercial carriers, or smuggled across our land borders.

The obstacles we face cannot be greater. The opioid epidemic, powerful synthetic drugs, the rising prevalence of psycho-active drugs, such as methamphetamine, and a stark increase in the availability and use of cocaine, to name just a few. To further complicate this, the environment is constantly changing in response to our actions. Almost instantly, traffickers respond to the counter-measures we implement.

To address this crisis, I have retooled our approach, retooled our strategy, and our office to deal with this new environment. In January, we released the Trump Administration's National Drug Control Strategy. This strategy is much different from previous strategies and fundamentally improves on the priors. This strategy is a forward-looking document and has a clearly defined vision and broad metrics to assess the performance of the Federal Government.

The Administration's strategy reflects an in-depth understanding of the addiction crisis, the means to save American lives today, and how we must actively anticipate the future evolution of this crisis.

The 2016 National Drug Control Strategy, which was in place when I arrived, had only two broad and poorly defined goals. There were, indeed, numerical targets associated with each of these goals, 13 in fact. Of these targets, however, ONDCP had only met three

of them and two of them had nothing to do with illicit drugs. There was no mention of priorities in the strategy and no strategic vision.

It was not a strategy. It was a report card on drug use in America, and it was a failing one at that. Doing business the way we have for the past several decades was not going to work. A nation facing the greatest drug crisis in its history, demanding new thinking, a new approach, a new strategy, and a new ONDCP.

In late January, I informed Congress of my desire to transform ONDCP's operating structure to better align with Congress' intent and vision for the office. This new structure reinforces the aspects of ONDCP that have been successful. It unifies our availability reduction and public health efforts to focus on tangible outcomes and allows ONDCP to focus on making drug policy. To bolster our public health expertise, I am proud to announce that for the first time, we are creating a public health unit with a chief medical officer to better coordinate efforts across the Federal Government.

A robust public health unit with a focus on the importance of treatment and recovery is paramount to achieving this. I would like to thank the committee for its work to develop the most recent ONDCP reauthorization in 12 years. Your steadfast support of ONDCP positions the agency to meet its responsibilities to the American people.

At ONDCP, we realize that the only criterion that really matters is reducing the number of death of Americans caused by these dangerous drugs. It is the primary focus of our efforts and will be the only true measure of our success. I appreciate the committee's ongoing interest in working with ONDCP, and I look forward to continuing to working with members of this committee. Thank you.

Chairman CUMMINGS. Thank you very much for staying within that five minutes, man. Thank you.

Ms. McNeil?

STATEMENT OF TRIANA MCNEIL, ACTING DIRECTOR OF STRATEGIC ISSUES GOVERNMENT ACCOUNTABILITY OFFICE; ACCOMPANIED BY MARY DENIGAN-MACAULEY, ACTING DIRECTOR OF HEALTH CARE, GAO

Ms. MCNEIL. Chairman Cummings, Ranking Member Jordan, and members of the committee. I am pleased to be here today to discuss GAO's preliminary findings on the 2019 National Drug Control Strategy. And critical steps that ONDCP still needs to take to address deficiencies that we have previously identified.

These deficiencies need to be addressed so that ONDCP can coordinate and oversee the efforts of the dozen plus agencies combating illicit drug use. This is a crises that resulted in 70,000 deaths in 2017 alone. ONDCP is required to do a number of things based on the 2006 statute and the recent Support Act. ONDCP is required to develop the strategy, and it is also required to work with agencies to develop an annual drug budget.

The 2006 statute which this strategy is based calls on ONDCP to, among other things: identify annual, measurable objectives with specific targets. Describe a performance measurement system to track progress. Include specific assessments to provide a baseline of illicit drug use and availability to enable ONDCP to see improvements throughout the year. And prepare five-year estimates on program and budget priorities.

Based on our preliminary analysis, the strategy does not include many of these requirements. For example, it lacks annual, measurable objectives and specific targets. It lists seven broad measures of performance but does not indicate how they would be measured or how they relate to long term or short term goals.

Some of the seven measures do not even have timelines. The strategy also is completely void of any performance measurement system. How can ONDCP track its own progress? How can ONDCP be held accountable without this critical system in place? Moving forward, we will attempt to answer these questions and others. Especially those centered around ONDCP's efforts to certify budgets without a national strategy. Since this 2019 strategy is the first since 2016.

Chairman Cummings, Ranking Member Jordan, members of the committee, this concludes my prepared statement. I would be happy to respond to any questions you may have.

Chairman CUMMINGS. Thank you very much.

Mr. McDaniel?

STATEMENT OF MICHAEL MCDANIEL, DIRECTOR OF HOUSTON HIGH INTENSITY TRAFFICKING AREA

Mr. MCDANIEL. Chairman Cummings, Ranking Member Jordan, and distinguished members of the committee. I am honored to appear before you today to offer testimony highlighting the High Intensity Drug Trafficking Area Program, better known as HIDTA. And to also speak to the coordination of national drug control efforts by ONDCP.

I have been involved in drug law enforcement for that past 36 years, beginning as a police officer with the city of Houston and then 24 years as an agent with the Drug Enforcement Administration. I became — I retired from DEA when I became — the Houston HIDTA Director.

I have been involved with the HIDTA program since it began in Houston in 1991. Without reservation, I can attest that this is the only law enforcement program in the country that successfully unites Federal, state, and local law enforcement, working side by side for one common cause and that is to disrupt and dismantle drug trafficking organizations.

Houston HIDTA is one of the four HIDTAs in the state of Texas. The Houston HIDTA region essentially hugs the coastline of Texas from the Louisiana border down to the tip of Texas just north of Brownsville, Texas. Houston HIDTA targets are regional drug threats seen most harmful to our communities along with our maritime threats, our interdiction efforts, along our highway infrastructure, and drug seizures and arrests emanating from the U.S. Border Patrol checkpoints along the southwest border.

Houston HIDTA is fortunate that we have not seen the opioid crisis ravage our communities to the degree that it has many of our other HIDTAs and to many of you in your districts. Our major threats in Houston HIDTA are methamphetamine, cocaine, and synthetic drugs.

Each of the 32 HIDTAs across the country have an executive board comprised of an equal number of Federal, state, and local, and tribal agency heads that direct every HIDTA on a regional

level as to how they will pursue their particular drug threats in their area.

This leadership model creates stability for each executive board to quickly and efficiently adapt and react to emerging drug threats. The HIDTA program has also demonstrated success in development of other innovative and strategic partnerships in the public safety and public health realms. The HIDTA program is not arresting lower-end users and addicts but rather is trying to assist the addicts by pointing them toward effective treatment and make all attempts to educate them toward better alternatives. This is being accomplished through our strategic partnerships. The emerging partnerships between public health and public safety have never been more important to law enforcement and to the HIDTA program. And the HIDTA provides the perfect platform to promote those partnerships.

The National Drug Control Strategy recently released by ONDCP promotes a focused and balanced approach, and we will work alongside of ONDCP to implement this strategy. The HIDTA program is an essential component of the National Drug Control Strategy. The 27 regional HDTAs plus the five southwest border HDTAs are now active in all 50 states with a recent inclusion of the state of Alaska.

The HDTAs across the country provide ONDCP with real time and direct access to all regional drug issues to enhance their coordinated implementation of the Nation's drug control strategy. ONDCP and the HIDTA program currently enjoy a collaborative and cooperative working relationship that has never been stronger, especially in the light of the recent confirmation of ONDCP Director James Carroll.

HIDTA is working hand in hand with ONDCP toward an effective response to this Nation's opioid crisis. Over the past three years, there has been some disturbing discussions about moving the HIDTA program out from underneath ONDCP and into DEA. In my professional opinion, and as a retired DEA agent, I believe this move would be the end of a successful program.

The HIDTA program does not adhere to the views or mandates of any one agency or existing position under ONDCP allows HIDTA the flexibility and adaptability to address emerging threats in a timely fashion. Removing HIDTA and the DFC from ONDCP would be cutting the legs out from under ONDCP, in my opinion. Make them very ineffective in their ability to oversee this Nation's drug strategy.

Thank you for allowing me this opportunity to testify before you today. I look forward to answering your questions.

Chairman CUMMINGS. Thank you very much. I appreciate all of you all coming in within the five minutes. Just want to tell you. Listen again, I agree with you, with regard to HIDTA being moved. We have a great one in Baltimore as you probably well know.

Ms. Norton, for five minutes.

Ms. NORTON. Thank you very much, Mr. Chairman. This is, this is an exquisitely important hearing. And my questions begin with you, Mr. Carroll, Director Carroll. I served as head of an agency in a democratic administration and learned that the bucks stopped really with me, and that is all there was to it. So I am concerned

that the failures of the Office of Drug Control Policy may be a failure in leadership. So that we are seeing no reduction in overdose deaths and you just heard a very negative report card from the GAO. I am very concerned that, that report card showed no way to measure, no way to know, even if we are making progress.

So let me see what progress has been made. Early last year, a 24-year-old former Trump campaign worker, with no prior drug control experience was appointed deputy chief of staff of the office, replacing a career civil servant who was moved to make room for that person. Who made that decision? And have other experienced career, civil servants been reassigned to make room for political appointees?

Ms. NORTON. I am sorry, Director Carroll. I cannot hear you. Turn on your mic.

Mr. CARROLL. Can you hear me now? Okay, I am sorry. Congresswoman, can you hear me now?

Ms. NORTON. I can.

Mr. CARROLL. Thank you. Congresswoman, the 24-year-old deputy chief of staff to whom you refer, all of that happened prior to my arrival. Putting that person in place, including the removal of that person.

Ms. NORTON. Well have other experienced civil servants, since you have been, since you arrived, been moved to make room for political appointees for similar positions?

Mr. CARROLL. Quite frankly, it is just the opposite. I moved an experienced, career, SCS career professional into the deputy chief of staff role to help lead the agency there. The 24-year-old that you mentioned, I had no involvement bringing them on board or dismissing them. As I said, all I have done is promote and bring into leadership roles, career SCS individuals.

Ms. NORTON. Now, in November 2017, the attorney general announced that Kelly Anne Conway would coordinate and lead the administration's efforts to combat opioids. Is Ms. Conway still coordinating and leading the Trump Administration's opioid efforts?

Mr. CARROLL. Thank you for the question. As you know, I started in February 2018, so six months after that announcement. I make the policy at ONDCP for the Nation on drug policy. Kelly Anne Conway is a wonderful asset to have, she is the primary communicator.

Ms. NORTON. Is she still leading and coordinating?

Mr. CARROLL. No ma'am. I coordinate and lead policy. She coordinates communications, as you see her on television multiple times a day.

Ms. NORTON. Is the opioid cabinet, which she apparently convened, is that still in existence? And is the acting director of the agency who also a career employee and policy expert was not invited to those meetings? Is that cabinet still in existence?

Mr. CARROLL. That is a communications cabinet. That is for the communicators at all the cabinet agencies to come together to give Ms. Conway, Mrs. Conway, all of the latest activity so she can communicate them to the public in such a fashion. We always send our communicators to that meeting as well.

Ms. NORTON. Has the cabinet or the agency produced any documents that would help us understand what you are doing to reduce opioid deaths?

Mr. CARROLL. Has the ONDCP?

Ms. NORTON. The cabinet or these cabinet meetings. Have any documents come out of these cabinet meetings, or for that matter, out of the agency measuring how you intend to reduce opioid deaths?

Mr. CARROLL. In terms of documents that Mrs. Conway might produce in terms of her communications strategy, I would not have access to those. And so, I refer you to her documents.

Ms. NORTON. No, I am talking about documents that would come out of those cabinet meetings, sir. Not personal documents.

Mr. CARROLL. I am not talking —

Ms. NORTON. I am trying to find out what has been produced from those meetings or elsewhere to show that there is a strategy for reducing opioid deaths which have continued to climb.

Mr. CARROLL. The —I do not know what documents Kelly Anne Conway produced.

Ms. NORTON. Are there any documents that you know of? Whether or not produced by Ms. Conway.

Chairman CUMMINGS. The gentlelady's time has expired, but you may answer that last question.

Mr. CARROLL. Could she repeat the last question?

Chairman CUMMINGS. Sure.

Ms. NORTON. I am trying —perhaps there were no documents that came out of Ms. Conway. How about documents that show how you intend to reduce opioid deaths in light of the report card you got from the GAO. Are there any documents that you could offer to this committee that would help us know that you are reducing opioid deaths?

Mr. CARROLL. Yes, ma'am.

Ms. NORTON. Can you provide them to the chairman or the committee?

Mr. CARROLL. Yes ma'am.

Chairman CUMMINGS. You may answer it.

Mr. CARROLL. Thank you. The National Drug Control Strategy sets out the vision and the strategic guidance to help reduce overdose deaths in America. The No. 1 focus of ONDCP is saving lives. The National Drug Control Strategy, the documents that we relied on to produce it and the documents that are forthcoming, the data supplement will be coming in a few weeks and the next measure with a quantifiable metrics that Chairman Cummings mentioned will be coming later this spring, absolutely.

Chairman CUMMINGS. Thank you very much.

Mr. Cloud?

Mr. CLOUD. Thank you, Chairman. Again, thanks for being here today. Director McDaniel, you know as much as any, one of the major areas of concern when it comes to drug trafficking is south Texas. The area that we both work in. Law enforcement has what they call the "fatal funnel" where drugs come across the southern border, find their way to major arteries, come up through my district on to Houston and then throughout the Nation. And, you know, we know opioids and fentanyl are major concerns in the

2018 Houston HIDTA Threat Assessment report. It was mentioned, and in your testimony about meth, cocaine, synthetic drugs also being a major concern. And if it is all right with the chair, I would ask unanimous consent to submit the 2018 Houston HIDTA Threat Assessment report.

Chairman CUMMINGS. Without objection.

Mr. CLOUD. Thank you. This report says that as the drug market has become increasingly flooded with methamphetamines from Mexico, problems related to its use are becoming more transparent. For instance, staff and emergency departments in Victoria and Oasis counties in the southern Houston HIDTA reported methamphetamine as the primary drug which patients are seeking emergency services.

This report also talks about human smuggling being a major issue. It says that most southern Houston HIDTA counties are affected to some extent. As human smugglers routinely bring illegal immigrants northwards from the border toward cities, such as Houston, where they are housed until their transportation fees have been paid.

Recent reporting has confirmed what has been our fears for long, that often when they talk about their transportation fees being paid, they are paying with their bodies. This is certainly a tragic, and it relates to today's discussion that these cartels do not view this as anything but business, whether it is drugs or whether it is humans coming across our border. As a matter of fact, they foster this human crisis that we have at the border in order to tax our systems to get drugs across it easier.

And so, my question to — is how important is strong border security in enabling and equipping what you are trying to get done?

Mr. MCDANIEL. It is extremely important to law enforcement and to Houston HIDTA for comprehensive border security package. And I am very appreciative of this committee and of Congress for providing us whatever resources we can get to strengthen that border to help us in all aspects of what we are encountering out there.

Mr. CLOUD. All right and we understand that border security needs to include a physical barrier. It needs to include boots on the grounds, technology, all those things in place. Where physical barriers have been put in place, we have seen 90 percent reduction in foot traffic in a lot of areas. But there is always the discussion about tunnels and where they can climb over walls and tunnel under walls. Can you relate the difference between human trafficking and drug trafficking as that relates to?

Mr. MCDANIEL. Would you clarify that?

Mr. CLOUD. Yes, in the sense of, are drugs coming through tunnels? Are humans coming through tunnels? What is?

Mr. MCDANIEL. It has been my experience in my law enforcement career that primarily drugs are coming through the tunnels that are going underneath the barriers on the border. And if you can imagine, the cartels are spending millions of dollars to come up with an elaborate tunnel that goes from the Mexico side to the U.S. side. And it is not feasible for them to actually run human smuggling through those tunnels, because if some of those aliens get caught and apprehended, the first thing they can do is cooperate with law enforcement and tell them where that tunnel is. And

something that may have taken a year and millions of dollars to build by the cartel, they do not want to allow that to happen. So they are using the tunnels primarily for drugs. I hope that answers your question.

Mr. CLOUD. Yes, it does. One of the habits we have, I guess as a Federal Government is coming up with these one-size-fits-all approaches, and I think one of the great things that HIDTA does is it allows you to work with local law enforcement who understand the local issues. Could you describe why local discretion is critical to the program's success?

Mr. MCDANIEL. We — law enforcement — has to have a comprehensive package. And we cannot have silos in law enforcement no more than we can have silos with treatment and prevention. But it is extremely important — the HIDTA program. The reason it has been so successful is it gets state and local, Federal, and all those entities in one room working toward a common cause.

And it gives the locals the same voice, but it is just amazing what can happen when we all bring our intelligence and our data bases together and working toward one common cause, and that is to disrupt drug organizations.

Mr. CLOUD. Well, thank you and my time is about up. But let me say, once again, thank you for your service.

Mr. MCDANIEL. Thank you, sir.

Chairman CUMMINGS. Thank you very much. We will now hear from Ms. Wasserman Schultz.

Ms. WASSERMAN SCHULTZ. Thank you, Mr. Chairman. Mr. Carroll, on February 19th, President Trump declared a national emergency to fund his border wall which he has said will, "stop drugs from coming into our country." But the administration's own statistics show that crossing and apprehensions are at historic lows. Mr. McDaniel just indicated in response to Mr. Cloud's question that drugs are being funneled when they are not coming over — coming in at our lawful points of entry in tunnels, underneath walls, where we do have them along the border.

In my home state of Florida, over 5,000 people have died from a drug overdose in just one year and the numbers are growing. Let me be clear, a border wall would not stop illegal drugs from coming into Florida. Florida is a peninsula. The vast majority of illegal drugs are coming into our country through our ports of entry. Despite President Trump's promise to do whatever it takes to combat the opioid crisis, his national emergency declaration would take \$600 million from the Treasury Department's Drug Forfeiture Fund and \$2.5 billion from the Department of Defense's Drug Interdiction Program. It would also, by the way, take \$3.6 billion from our military construction budget.

I chair the Military Construction and Veterans Affairs Appropriation subcommittee, and so I know, just how harmful these cuts would be to critical military projects and our service members. You are President Trump's principal advisor on drug control issues and as result, you have a say in how these critical funds are administered, correct? Correct? Mr. Carroll? Director Carroll? No, I am speaking to you.

Mr. CARROLL. Thank you. Thank you for the question. There is no question that the wall was needed.

Ms. WASSERMAN SCHULTZ. No, no. I am asking you a brief question. You have a say in how these critical funds are administered as these drugs are, yes?

Mr. CARROLL. Yes ma'am.

Ms. WASSERMAN SCHULTZ. Okay. Given the President's border wall declaration and the Trump Administration's plan to steal money from drug interdiction and drug forfeiture funds to build it, how can we take the President's declaration of a national public health emergency, which he declared related to the opioid crisis, which by the way killed 70,200 people in 2017 alone from —who died of drug overdoses. When he is stealing millions of dollars from the funding to fight it, to fund a fake border emergency. That is my question.

Mr. CARROLL. Thank you. They are absolutely related. The public health emergency that was declared some time ago spoke to this crisis that we are facing and talked about the number of Americans that are dying. Increased —as I said at the beginning of the 500 percent increase over quite a period of time. That doubled in the last eight years, 10 years of previous administrations. The declaration of the national emergency on opioids brought public awareness and should have happened long ago. Now with the declaration of the border security, what that is doing is preventing access to one way.

Ms. WASSERMAN SCHULTZ. Okay, if I can just interrupt you for a second.

Mr. CARROLL. May I just answer one question about the point?

Ms. WASSERMAN SCHULTZ. I want to make sure —I have limited time. I want to make sure you answer my specific question. He is proposing to take —he is planning to take millions of dollars from drug interdiction and drug forfeiture to pay for a border wall when he supposedly has declared a national health emergency related to the opioid crisis. Those are incongruous actions. How can they be justified?

Mr. CARROLL. I disagree with you that they are incongruous. I think they are completely related. What we are seeing are drugs coming across into this country through every method possible.

Ms. WASSERMAN SCHULTZ. 90 percent —

Mr. CARROLL. Customs and borders protection—

Ms. WASSERMAN SCHULTZ. Director Carroll. Director Carroll, do you acknowledge that 90 percent of the drugs that come across our border come at our lawful points of entry?

Mr. CARROLL. Ma'am, 90 percent of the drugs that are captured. It is not 90 percent of the flow. There is a big difference between what is captured and the flow of drugs.

Ms. WASSERMAN SCHULTZ. Okay, but there is no evidence to suggest that we have drugs flowing over the border in between, in a significant way, as significantly as we are intercepting them at our ports of entry. And if you cut how, if you cut the funding for drug forfeiture funds and drug interdiction funds, how are we going to make sure that we can increase those numbers and prevent drugs from coming into our country? A wall is not going to cut it.

Mr. CARROLL. A wall will actually cut it. A wall will cut it.

Ms. WASSERMAN SCHULTZ. Even though Mr. McDaniel says that they are going under it.

Mr. CARROLL. If I can answer your question about our ports of entry and drugs coming between points of entry. The most recent data I have from Customs and Border Protection, which came out, I believe the beginning of this week. It could have been the end of last week, shows that just in, Fiscal Year 2018, 400 pounds of fentanyl, which we talked about previously, which is so deadly, came between the ports of entry. So far —

Ms. WASSERMAN SCHULTZ. A few minutes ago —

Mr. CARROLL. Ma'am, I am trying to answer your question.

Ms. WASSERMAN SCHULTZ. Okay.

Mr. CARROLL. 91 pounds of fentanyl come through —

Ms. WASSERMAN SCHULTZ. Excuse me. Reclaiming my time.

Mr. CARROLL. And 8,000 pounds of cocaine.

Ms. WASSERMAN SCHULTZ. Reclaiming my time, Mr. Chairman. Reclaiming my time.

Chairman CUMMINGS. The gentlelady's time has expired, but I am going to let her clarify her question so that you can answer it. I want to—fair to you. Be fair to her. I want you to finish whatever you are doing here.

Mr. CARROLL. Thank you, sir.

Ms. WASSERMAN SCHULTZ. Thank you, Mr. Chairman.

Chairman CUMMINGS. Briefly.

Ms. WASSERMAN SCHULTZ. Briefly, a couple of weeks ago, at Port Everglades in my district, the Coast Guard had intercepted \$500 million. Half a billion dollars in drugs that they intercepted on the water, which a wall would not have helped us with.

Chairman CUMMINGS. You may now.

Mr. CARROLL. Thank you. God bless the Coast Guard. They are our front line of interdicting drugs coming in from the sea. And God bless the CBP, part of DHS, because they are the ones patrolling the border, and they are the ones, as I said, in Fiscal Year 2018, 6,500 pounds of cocaine came between the ports of entry. And so far, in Fiscal Year 2019, CBP working obviously, under DHS, has interdicting 8,100 pounds of cocaine coming between the border.

But as we talked about previously with dangers of fentanyl, in the last —Fiscal Year 2017, 2018, and so far into 2019, we are up to almost a 1,800, 1,900 pounds of fentanyl alone between the ports of entry. Thank you, ma'am.

Chairman CUMMINGS. Thank you. Thank you very much. Mr. Roy?

Mr. ROY. Thank you, Mr. Chairman. Mr. Carroll, Ms. McNeil, Mr. McDaniel, thanks for being here. Mr. McDaniel, thanks for coming up from Texas. Glad to have you here.

Mr. Carroll, if somebody comes through that door right now, does that mean that nobody is going to come through that door?

Mr. CARROLL. Sir, that is the perfect example of the problem we face. If all we do is block that door, they will come through the next most vulnerable place, which is going to be some other way.

Mr. ROY. So, of course, the Coast Guard is doing its job in stopping stuff coming across the water. That does not have a thing to do with people coming across the border and coming across the Rio Grande River, does it?

Mr. CARROLL. No, no sir. Not one bit.

Mr. ROY. Thank you. When the President put forth a proposal, he put forth a proposal that was comprehensive. Did he not?

Mr. CARROLL. Yes sir.

Mr. ROY. It was not just about wall funding, was it?

Mr. CARROLL. Correct, sir.

Mr. ROY. Right. Did this Congress, led by democrats, completely reject their duty to do what is necessary to fund the border, so that the wailing and crying about what money may be taken out of one account in order to try to deal with the drug crisis, did the President not put forth a comprehensive plan that was rejected by this Congress?

Mr. CARROLL. He put together a very comprehensive plan. And when I am out on the road, and I am meeting with parents who have lost a child, that is what they talk about, is how are stopping this poison from killing our kids?

Mr. ROY. And that plan included beds. It included judges. It including dealing with the money that needs to go to border patrol and dealt with all of the issues beyond just a wall, did it not?

Mr. CARROLL. That is correct, sir.

Mr. ROY. A question about the 90 percent, the points of entry number. I have got data from border patrol that tells me we have collected upwards of, in this Fiscal Year alone, 124,000 pounds of marijuana between the ports of entry. Upwards of 63,000 of that through the Rio Grande Valley. I have got another number saying 2,500 pounds of cocaine between the ports of entry. 1,500 pounds through the Rio Grande Valley. 3,100 pounds of heroin between the points of entry. 4,000 pounds of meth between the ports of entry. 112 pounds of fentanyl between the ports of entry. Does that sound like good data about what we are actually experiencing between the ports of entry, right now, this fiscal year?

Mr. CARROLL. Yes sir and that is consistent with the data that I have about what is happening between the ports of entry.

Mr. ROY. Can you talk, just for a second, because we have got limited time. How dangerous is fentanyl?

Mr. CARROLL. Fentanyl, in and of itself, is incredibly dangerous. It is a few grains of salt for someone who is a naive, meaning inexperienced with an opioid were they to ingest it, were they to succumb from it.

Mr. ROY. Recently an account——

Mr. CARROLL. I'm sorry, sir.

Mr. ROY. Can you see this picture? Of a certain amount of a substance relative to the size of a coin?

Mr. CARROLL. Yes sir. It is a penny with a few grains——

Mr. ROY. Right, and is that amount of fentanyl, based on your experience, enough to kill a human being?

Mr. CARROLL. Based on purity, absolutely.

Mr. ROY. And was it true that when President Trump was at the border with Senators Cruz and Cornyn, they would not even put fentanyl in the room? That Secret Service said they did not want that as a prop, because they thought it was too dangerous to be around the President of the United States?

Mr. CARROLL. I have heard that. I did not participate in that conversation, but I heard the same thing.

Mr. ROY. How much fentanyl, at this kind of amount, at sort of a gram or two grams or milligrams, sorry, that would fit in 112 pounds of fentanyl that have been collected between the ports of entry, by our own data. It is a massive amount and would kill millions of Americans. Is that correct?

Mr. CARROLL. In a variety of ways, including sprinkling it on drugs that people do not even know that is on that. In Chico, California, at the beginning of the year, people thought they were just snorting powder cocaine, and it had fentanyl. And 14 of them—all 14 of them—went down. All 14 of them overdosed, not even thinking they were taking opioid, thinking they were doing some other drug.

Mr. ROY. I appreciate that very much. I want to pivot to Mr. McDaniel, my fellow Texan. I appreciate you being here. You said in your opening statement, and you referenced in your written statement, the importance of cartels in driving our current crisis. You agree with me that cartels are a huge driver of our current human trafficking crisis as well as opioid crisis?

Mr. MCDANIEL. Yes sir, that is true. There is no crossing the lines. They are using the cartels to move both drugs and humans.

Mr. ROY. And you said in your written statement, "Cartels and transnational gains targeted by HIDTA, law enforcement initiatives are predators that exist to make money and harm the communities of our nations. My prior experience at DEA allowed me to see the interworkings of these cartels on a firsthand basis, and I do not see the difference between these cartels and many of the designated terrorist organizations also seeking the destruction of our society."

My experience in talking to border patrol and talking to people who actually know what is going on because they spend time and live on, time on the border, instead of preening in front of cameras in Washington. Those people tell me that cartels are driving the human trafficking crisis. Do you agree with that?

Mr. MCDANIEL. Absolutely.

Mr. ROY. Profiting is the Raynos faction of the Gulf Cartel, profiting by moving hundreds of thousands of people through the Rio Grande Valley sector?

Mr. MCDANIEL. Yes sir. That is my experience.

Mr. ROY. And upwards of it making \$100 to \$130 million?

Mr. MCDANIEL. Yes sir.

Mr. ROY. Is the Cartel Del La Reste and Los Zetas, are they profiting by moving people across the border?

Mr. MCDANIEL. Yes sir, they are.

Mr. ROY. Is moving people across the border distracting from moving narcotics at the same time?

Mr. MCDANIEL. No sir, it is all about money for the cartels.

Mr. ROY. And so, finally, and my final question on this is, do you believe that the terrorist organizations and do you believe that my colleague, Mark Green, and I are correct to call on the Secretary of State to define them this foreign terrorist organizations?

Mr. MCDANIEL. Yes sir. I would support that.

Chairman CUMMINGS. The gentleman's time has expired.

Mr. ROY. Thank you, I appreciate it.

Chairman CUMMINGS. Mr. Connolly.

Mr. CONNOLLY. Thank you, Mr. Chairman. Interesting to hear a colleague talk about which party cares more about an opioid crisis. It seems to me it does not know party lines. But I will say this, if we are serious about this opioid crisis, the actions of this administration do not look it. To have a 24-year-old campaign aide being the deputy chief of staff for something so grave is deeply troubling.

And now we have a 23-page strategy, 23 pages. When George W. Bush was President in 2001, he issued 189-page strategy that was comprehensive. And the next year, he supplemented it with another 119-page strategy.

Ms. McNEIL, have you looked at this 23-page strategy?

Ms. McNEIL. Yes, we have.

Mr. CONNOLLY. And would you describe it as comprehensive?

Ms. McNEIL. The way that we describe it, and again, this is preliminary.

Mr. CONNOLLY. Please speak up, Ms. McNeil.

Ms. McNEIL. The way we describe——

Mr. CONNOLLY. Thank you.

Ms. McNEIL [continuing]. and this is preliminary, we focused on four aspects of what was required in the strategy. It lacked measurable specific objectives.

Mr. CONNOLLY. It lacks?

Ms. McNEIL. Lacked.

Mr. CONNOLLY. Thank you.

Ms. McNEIL. We would have expected annual and measurable objectives with specific targets.

Mr. CONNOLLY. And is that included?

Ms. McNEIL. No, it is not.

Mr. CONNOLLY. No, it is not.

Ms. McNEIL. We would have expected a performance measurement system that also included the types of data and their quality.

Mr. CONNOLLY. And is that included?

Ms. McNEIL. No, it is not.

Mr. CONNOLLY. It is not.

Ms. McNEIL. We also would have expected base lines which the statute that this strategy is based upon refers to as assessments. Assessments of illegal drug availability as well as a state of drug treatment in the U.S. That is not in the strategy.

Mr. CONNOLLY. That is not included?

Ms. McNEIL. Not included and neither is five-year projections on budget and program priorities.

Mr. CONNOLLY. Really? Well, I asked you, is it a comprehensive statement? I think you have just answered the question. It is anything but comprehensive. Is that correct?

Ms. McNEIL. It is lacking a number of things that is required by the 2006 statute.

Mr. CONNOLLY. So actually, in terms of reporting requirement, this is, by law, and it does not meet those requirements?

Ms. McNEIL. Yes.

Mr. CONNOLLY. Now, I understand that the — in response to the criticism of the inadequacy of this report, which is anything but a strategy — that ONDCP has said they are going to issue a 208-page supplement. Is that your understanding, Ms. McNeil?

Ms. McNEIL. This is the first we have heard of this.

Mr. CONNOLLY. Mr. Carroll, can you enlighten us on what this 208-page National Drug Control Strategy, after two years in office, the Trump Administration is going to provide, and when can we see it?

Mr. CARROLL. Thank you.

Mr. CONNOLLY. And final point, if I may. And will it address the inadequacies Ms. McNeil just enumerated?

Mr. CARROLL. Thank you. To address your earliest comment about a 24-year-old deputy chief of staff, that was prior to my arrival.

Mr. CONNOLLY. Yes.

Mr. CARROLL. And that person left long before I arrived.

Mr. CONNOLLY. Thank God.

Mr. CARROLL. In terms of the strategy itself, with 70,000 Americans dying, maintaining the status quo would be reckless. The National Drug Control Strategy that my office released, which is 23 or 24 pages long, the — when you look at other national strategies — the National Security Strategy, the military strategy, National Defense Strategy —

Mr. CONNOLLY. Mr. Carroll, excuse me. I only have —

Mr. CARROLL. And cyber security strategy.

Mr. CONNOLLY. Mr. Carroll, please do not talk over me. This is my time. I have one minute left. I am asking you to address what is going to be in the 208 pages, because we just heard testimony that you have not even met the requirements of the law.

Mr. CARROLL. I am addressing all of your questions, sir.

Mr. CONNOLLY. No, it does not sound to me —

Mr. CARROLL. Let me finish.

Mr. CONNOLLY. No, no. No sir. You will answer based on the question put to you. We do not have filibusters here in the House.

Mr. CARROLL. I am not. I am answering.

Mr. CONNOLLY. Especially from those —

Mr. CARROLL. Those — those other strategies average 25 pages as well.

Mr. CONNOLLY. Sir, is the 208-page —

Mr. CARROLL. The 208-page supplement —

Mr. CONNOLLY [continuing]. is it going to address the statutory requirements Ms. McNeil said you did not meet in this 23-page document? Yes or no?

Mr. CARROLL. It is not a yes or no question.

Mr. CONNOLLY. Oh, you do not know whether you are going to answer it?

Mr. CARROLL. I know exactly how I want to answer it.

Mr. CONNOLLY. Exactly?

Mr. CARROLL. It is not a yes or no question.

Mr. CONNOLLY. Well, I do not think it is a very difficult question to say will the 208-page supplement address what was not addressed here by — required by statute?

Mr. CARROLL. It is not a yes or no question. May I answer your question?

Mr. CONNOLLY. Well, you can try. You have not been doing it so far.

Mr. CARROLL. Thank you. Mr. Cummings, I see the gavel.

Chairman CUMMINGS. I want you to — go ahead.

Mr. CARROLL. Okay. Thank you, sir.

Chairman CUMMINGS. I mean, his time has expired, but you may answer the question.

Mr. CARROLL. Thank you, sir. The strategy, when it was written, if you look at page 4 of the strategy, it reads, "It also provides Federal drug control departments and agencies the strategic guidance they need for developing their own drug control plans and strategies." It goes on and explains, and as we did when we released the National Drug Control Strategy, that we would work with the agencies, the 15 that are covered under this, to develop the strategies and metrics to address the statutory requirement that my colleague at the GAO just referenced.

The 200-page data supplement will be forthcoming in a few weeks. And data is just that. It is a data supplement. It is not intended to be the metrics and quantifiable information that will be forthcoming as we work through the interagency process that has already begun. Thank you.

Chairman CUMMINGS. Mr. Jordan? Mr. Gosar?

Mr. GOSAR. Thank you. Ms. McNeil, I mean looking at the status that we are today, so you would say that the summary of previous administrations' objectives have been successful?

Ms. MCNEIL. The scope of our ongoing —

Mr. GOSAR. 70,000 people dying — that, as a former prescriber of these types of drugs — that does not look like a success to me.

Ms. MCNEIL. The trends are continuing to increase.

Mr. GOSAR. So you will agree with me, they have been a failure?

Ms. MCNEIL. It is, it is — I cannot say that is has been a failure.

Mr. GOSAR. So you would say that 70,000 people dying is a success?

Ms. MCNEIL. I would say it is a crisis.

Mr. GOSAR. Thank you. So it has been a failure. Now, Director Carroll. I quite understand the complexity of this, being a former prescription person. Very frugal at that. You know, because there are unintended consequences, so I am from western Arizona, and I have a population that is fairly old.

They are dual eligible and so some of the consequences of counting pills actually backfire on us. You know, particularly with our veterans. Particularly our infirmed. Particularly those suffering from some pain applications. And so a lot of these folks are actually forced underground because of some of the previous measures where they can get some of these illicit drugs cheaper, right?

Mr. CARROLL. That is correct.

Mr. GOSAR. Now I want to highlight what some of the problems are, because two of my friends from Texas kind of highlighted that, particularly with fentanyl, you do not get second chances, do you, with fentanyl?

Mr. CARROLL. Not only by the grace of God.

Mr. GOSAR. That is right. And so a lot of these overdoses, some of these people are actually taking something that is completely different. It could be a sleep drug, and it is laced. And they do not ever wake up. Is that true?

Mr. CARROLL. That is true. That is why there needs to be a really balanced approach to this.

Mr. GOSAR. Now, I want to get back to the HIDTA situation. I want to get your take first.

Mr. CARROLL. Yes sir.

Mr. GOSAR. So we always hear that 90 percent of all the drugs are caught at the border crossings?

Mr. CARROLL. Yes sir.

Mr. GOSAR. Most of our border patrol are located where?

Mr. CARROLL. Along the borders.

Mr. GOSAR. At the border crossings.

Mr. CARROLL. Yes sir.

Mr. GOSAR. Okay. And in most cases, like in Arizona, 40 percent of these illegal drugs are coming through this, I would say, aorta of drug trade. And that is the numbers, 40 percent of all illegal drugs are coming through the Arizona portal.

Now you get a number of border patrol agents that are covering vast amount of real estate. Is that true?

Mr. CARROLL. I have flown over in CBP helicopters and it is unbelievable how much — how vast it is and what we are asking the CBP to do with manpower alone.

Mr. GOSAR. Mr. McDaniel, would you agree with that? I know you are in the Texas/Houston area, but you got to be familiar with Arizona?

Mr. MCDANIEL. Yes sir, I am.

Mr. GOSAR. So vast areas and what ends up happening — this is, this type of trade is very interrelated. Human trafficking because when you have — when you intentionally move human trafficking, it takes a lot of operational people to inventory them, true?

Mr. MCDANIEL. Yes sir.

Mr. GOSAR. So as those limited resources of border patrol agents are managing and inventorying human assets, what happens with drugs?

Mr. MCDANIEL. They are both intertwined. They are flowing through with the same people, the same coyotes and so when the border patrol is having to detain the persons, it could be potentially worse for the drugs to go unnoticed.

Mr. GOSAR. So the number that the public keeps hearing, if 90 percent of all interdicted drugs are at our border crossings is a false premise. Because what it basically does, we do not know what we do not know crossing in between those ports, right?

Mr. MCDANIEL. Those are the unknowns of what we are not catching.

Mr. GOSAR. But we get Mr. Roy actually highlighted some of those. We are seeing some of these interdictions by luck and by haphazard, in many cases, just because of the assets, limited assets that are out there.

So, if this is exponentially bigger than what we are comprehending, is that true?

Mr. MCDANIEL. Yes sir.

Mr. GOSAR. When you interdict these drugs, are they ounces, pounds, can you give us a, you know, a quantitative amount of actually how much there is?

Mr. MCDANIEL. Along the border crossings, they are large quantities because obviously, the cartels are not going to waste time moving small amounts. And the only small amounts that we are

getting off defendants that are being apprehended are personal use that they have on their possession.

Mr. GOSAR. Last thing, just a statement. The President's emergency order got covered the top ten things in regards to what border patrol enumerated as their top ten protocols. Is that true?

Mr. MCDANIEL. I am not familiar with that, sir.

Mr. GOSAR. Director Carroll, would you agree?

Mr. CARROLL. I know they enumerated specific priorities in terms of ranking, but I do not know about how to stop the flow of drugs coming across.

Mr. GOSAR. I thank the gentleman. I yield back.

Chairman CUMMINGS. Thank you very much.

Ms. Maloney?

Ms. MALONEY. Thank you, Mr. Chairman for calling this hearing. It looks like it is a national crisis. More than 70,000 Americans have died from drug overdoses in 2017 alone. And perhaps as many as 140,000 Americans have died from overdoses in the first two years of the Trump Administration.

And on a more personal note, they gave me numbers. We researched it on the number in New York, the number of drug over deaths in New York is over 3,900 in 2017. The number of drug deaths causes by opioids over 3,224.

And I just have to say, Mr. Carroll that it is absolutely inexcusable that the administration did not bother to issue a National Drug Control Strategy during the first two years that he was in office. And I assumed you just joined the administration. Is that correct, or when did you join?

Mr. CARROLL. I joined the office in last — the Office of National Drug Control Policy as the deputy director and acting director in February and March of last year.

Ms. MALONEY. Okay, so basically after two years of having no strategy, the administration finally released one this January, this 24-page report. Now, Director Carroll, in your written testimony, you wrote that this new National Drug Control Strategy, "is much different from previous strategies and improves on them in fundamental ways." Is that correct?

Mr. CARROLL. Yes ma'am.

Ms. MALONEY. Okay. Now, does the strategy identify the specific years that it is meant to cover?

Mr. CARROLL. The statute that reauthorized ONDCP covers the two years and five year of metrics.

Ms. MALONEY. It covers it but did they identify it as two years and five years?

Mr. CARROLL. No ma'am. As I said, the interagency process that has already begun, as outlined in the National Drug Control Strategy, is underway to develop the — the National Drug Controls Plan and Strategy programmatic and resource decisions about how Federal drug control budget dollars are allocated.

Ms. MALONEY. But they are developing it now, but the strategy that was presented, did that have the specific, one, two, or three or five years, because I did not see it in the report?

Mr. CARROLL. It was not meant to, no ma'am. That is what we are working on right now.

Ms. MALONEY. Okay, good. Okay, now does it identify the amount of funding that will be needed to implement the activities mentioned in the strategy report? The amount of funding — I could not find it, so. When I read it, so. Was it in there?

Mr. CARROLL. Yes ma'am. Well, in terms of the strategy itself, it relies on the \$34 billion approximately that Congress sets aside that we control through the programmatic structure of the budget review. The budget review letters to the agencies are going out, as always, this spring. And as we work on the interagency plan, which they have already started meeting, to develop this, that is how we will program it and we will be working with GAO.

Ms. MALONEY. But my question was the strategy report did not mention the number. I guess you are working on it now, though?

Mr. CARROLL. It was never meant to. And we are working on it now, yes ma'am.

Ms. MALONEY. And does it identify quantifiable metrics that can be used to access whether the program agencies are making progress toward achieving the strategy's goals?

Mr. CARROLL. The document was the strategy and the vision. The why and what we need to do. What we are working on now is the how and that will absolutely address what you just raised, ma'am. And I look forward to working with you all, so that we can produce these quantifiable information.

Ms. MALONEY. Well, we will have to have you come back, because

Mr. CARROLL. Yes ma'am.

Ms. MALONEY [continuing]. all three of my questions is basically a no. It was not in the strategy report.

Mr. CARROLL. It was not meant to be, ma'am.

Ms. MALONEY. Okay. In your written statement, that the National Drug Control Strategy released in January is "fully formed." Is that right?

Mr. CARROLL. The vision and strategy is absolutely fully formed. We are saving American lives. That is the absolute No. 1 vision and then we will be implementing it through the interagency process following the two and five-year goal that you just mentioned.

Ms. MALONEY. But then you state that you are assuming a data supplement, which, "will include a list of quantifiable two and five-year benchmarks to measure our progress over the life of the strategy." And I guess my question basically is if the strategy is so fully formed, why do you need a data supplement that appears intended to contain information that, by law, is required to be in the strategy?

Mr. CARROLL. I will have to confirm and get back with your staff. But my understanding is that the data supplement is always, or has been historically, for many years, published afterwards.

Chairman CUMMINGS. Mr. Meadows?

Mr. JORDAN. Mr. Chairman if I could real quick before Congressman Meadows. We get a quick, unanimous consent request Congressman Kinzinger, one of our colleagues was recently deployed with his international guard unit to the border and his statement on just how terrible the situation is down there. I would like to enter it into the record.

Chairman CUMMINGS. Without objection, so ordered.

Mr. JORDAN. Thank you.

Chairman CUMMINGS. Mr. Meadows?

Mr. MEADOWS. Thank you, Mr. Chairman. Director Carroll, obviously there is a disconnect between your strategy and what GAO, Ms. McNeil, is suggesting is in it. And I think part of the conundrum that we are in is that Members of Congress, in a bipartisan way, rely very heavily on GAO. And so as politely as I can mention, you need to make Ms. McNeil happy, all right. Are you willing to do that?

Mr. CARROLL. We have been working with them for the past year. And I, quite frankly, my goal is to make everyone happy.

Mr. MEADOWS. Well that — that is impossible in Washington, DC.

Mr. CARROLL. I have a goal.

Mr. MEADOWS. So all I am saying is, Ms. McNeil, the GOA — I am a huge fan.

Mr. CARROLL. I am, too.

Mr. MEADOWS. And so what we need to do is we need to have a timeline. And what you are hearing from some at this particular point is that your strategy along with the GAO analysis is at odds. Now, in your mind it is not. I hear that. You are going to do the supplement and the matrix. Anything that is not measured, is not achievable, okay. So that is why I think what would be a reasonable timeframe to address some of the concerns that Ms. McNeil has raised, specifically for me, I am looking at matrix and how do we measure success, all right. What would be a reasonable timeframe to address the top three concerns that Ms. McNeil mentioned in her testimony?

Mr. CARROLL. The data supplement that we just talked about is being finalized now. And that should be ready to go in the next few weeks. So I think today is March 11th or 12th. So that should be ready by the end of this month. The interagency process is continuing to work. I will continue to coordinate with GAO, but I would hope that would be ready in 60 days.

Mr. MEADOWS. All right, so are you willing to commit to have both of those things or at least a status update back to Chairman Cummings in 60 days to this committee?

Mr. CARROLL. Absolutely.

Mr. MEADOWS. All right. Director Carroll, let me also say, when I heard Ms. McNeil's report, it was like nails on the chalkboard. It did not reflect well and yet, as your testimony, as you continue to share what you are doing, it gives me greater comfort. It is obvious that you take this serious and that you know exactly how the crisis that we are in.

Here is what I would ask of you. If you can help Chairman Cummings and Ranking Member Jordan understand the priority that you are placing on this. I believe that, from what I understand, you take this personal. Is that correct?

Mr. CARROLL. Congressman Meadows, if I may. Less than two years ago, 20 months ago approximately, I was in a detox center with a family member who had an addiction. And they came forward to us and they were over the age of 21 and we did not know that they were even taking a prescription. Sadly, that is what happens with so many parents.

Thankfully, they came forward to us, and we took them, first to a detox center at a hospital. Then got them into treatment and now with a lot of prayer and a lot of great professional help, we are 20 months into what I think is long term recovery. It seems kind of short term.

Sir, I am personally committed. Every morning I get up to be relentless on this issue. I do not want there to be — I want every family to have the success story that I really hope and pray that my family is having. I am all in. When I first started out in my career as a criminal prosecutor, and I mainly did drug cases for a county in Virginia. And the prosecutor that I worked for said that when, "You'll know when it's time to leave." Just like your jobs, my current job, that is a demanding job. And he said, "You'll know when it's time to leave when you no longer have the fire in your belly."

Sir, I have got fire in my belly. I have got it in my heart, and I pray every day just like Chairman Cummings was talking about the power of prayer that we are making a difference. This really is a bipartisan issue. I am all in.

Mr. MEADOWS. I thank you, Director Carroll. And I will close with this. This particular issue has brought people from both sides of the aisle together. In the privacy, you know, of really back rooms trying to make sure that we reauthorize this. Chairman Cummings advocated in an unbelievable way to make sure that this got reauthorized. We came together, republicans and democrats to make sure that we have done it.

We want to give you the tools. We just ask that you make the commitment and if you are — it sounds like you are willing to do that, and I yield back.

Chairman CUMMINGS. Let me just clarify something. First of all, I want to thank the gentleman for what he said. He basically have adopted something that I have been advocating for years. And that is, there are some witnesses we bring back. Chairman Gowdy, Chairman Chaffetz, even Issa. There are some witnesses we bring back. And so that we can keep up with them. And keep up with their progress. Because what we found and that those three chairmen agreed with me, was that a lot of people will come and testify and then time goes by. A new Congress comes in. New people come in. Problem goes on.

So I want, I want to thank you, first of all, for what you just said. But second, we are going to hold you to that 60 days.

Mr. CARROLL. Absolutely.

Chairman CUMMINGS. And we will not make it one day less but 60 days, all right. Got that?

Mr. CARROLL. Yes sir. The data supplement should be — we will do a status report.

Chairman CUMMINGS. There is another thing, though. You got to get this piece.

Mr. CARROLL. Yes sir.

Chairman CUMMINGS. Or else we will be going in circles again. I want to make sure that we are talking about the same thing. As I listen to Ms. McNeil, she said there is a law with certain things that supposed to be in this report. Is that right, Ms. McNeil? I am asking you to clarify this.

Ms. MCNEIL. Yes sir.

Chairman CUMMINGS. I do not want you coming back and saying I did not tell you.

Mr. CARROLL. I agree with Ms. McNeil.

Chairman CUMMINGS. So this is not necessarily a dispute between you and GAO. This is you and the law. Am I right? Am I missing something?

Ms. MCNEIL. No, you are correct.

Chairman CUMMINGS. Oh, okay. The law. This is what all of us voted on. So you got me? So you understand what you are bringing back?

Mr. CARROLL. Yes sir.

Chairman CUMMINGS. And Ms. McNeil, so that we will all be clear, would you give us — and we probably have it here, but would you summarize what it is that we should expect in 60 days? Is that all right, Mr. — all right, got that?

Mr. CARROLL. Yes sir.

Chairman CUMMINGS. Ms. Kelly?

Ms. KELLY. Thank you, Mr. Chair. Congress created a highly successful HIDTA program over two decades ago to assist Federal, state, local, and tribal law enforcement agencies operating critical drug trafficking areas across the country.

Mr. McDaniel, you spent 24 years as an agent with the DEA and now serve as the director of Houston HIDTA as you have stated. In your written testimony, you state, “The HIDTA program is an essential component of the National Drug Control Strategy.” Can you explain why HIDTA program is essential to the National Drug Control Strategy?

Mr. MCDANIEL. Thank you for the question. We are the eyes and ears for ONDCP and at a moment’s notice, the director can have access to all those state and local resources and, more importantly, our treatment and prevention partners. And he has instant access and the particular instance that he was talking about in California where everybody was having overdoses, he was able to reach out to the HIDTA out there to say, “Get me the information quick.”

Ms. KELLY. Thank you. We received testimony that, as early as 2017, career staff at ONDCP were working on a national — a draft National Drug Control Strategy. Mr. McDaniel, did HIDTA provide input to the development of that draft strategy?

Mr. MCDANIEL. Yes, we did.

Ms. KELLY. Did HIDTA assist in writing any portions of the draft strategy?

Mr. MCDANIEL. We actually did revisions, and they accepted those revisions.

Ms. KELLY. After two years of delay, President Trump finally released a National Drug Control Strategy and, as we have said, it is only 23 pages long. Was the input you provided to ONDCP on the draft strategy included in the final drug control strategy issued by the President?

Mr. MCDANIEL. In an overall framework view, yes ma’am.

Ms. KELLY. What do you mean by overall?

Mr. MCDANIEL. Well, the — all the input that we gave for the 2017 version, it was in there, but it was in a larger scale. It was not in the detail of the document that we assisted with in 2017.

Ms. KELLY. Did ONDCP ask you to review and provide input into the development of the final 23-draft pages?

Mr. MCDANIEL. Not on — not in the same manner we did in 2017, but in a collaborative effort of using what was going on in the HIDTA program throughout the country. As helping them to come up with final product.

Ms. KELLY. So do you know what happened to the strategy for which you did provide input?

Mr. MCDANIEL. I do not.

Ms. KELLY. What are the most important things that were not included in the strategy released in January, in your view?

Mr. MCDANIEL. I am not sure I would be a good person to say what was not included. I — only because what ended up coming in this 23-page summary was just a large framework without any specific details.

Ms. KELLY. So do you believe that the strategy released in January provides adequate detail or does it sound like you do on the goals that HIDTA should be working on to achieve or on the resources? HIDTA needs to achieve those goals? Do you feel there needs to be more detail?

Mr. MCDANIEL. In my opinion, HIDTA is going to do exactly what we have always done so well, and that only provides the overview framework, but it is not going to change what we are doing. We are actually changing the way we do business. Every month, there is something new and innovative out there, but I think that I have had conversations with Director Carroll that we will be having conversations in the future and having a little more input in future drug control strategies.

Ms. KELLY. Thank you. Director Carroll, can you explain why the things Mr. McDaniel has just told us, or what he is saying is more general. Even though they are going to keep doing what they are doing regarding the development of National Drug Control Strategy occurred? Like why did they not have more input?

Mr. CARROLL. They did have input into the — can you hear me?

Ms. KELLY. Yes.

Mr. CARROLL. Sorry. They did have input into the National Drug Control Strategy. As Mr. McDaniel, as Director McDaniel stated, they provided input originally when the first draft was written. That draft was used to help produce the one that was just published back in January. As well as the opioid strategy as well as the, well Chris Christie Commission. So all of those documents — everything that had been collected, all of the input was boiled down and distilled into the report that was issued in January.

Ms. KELLY. So you are saying you used that as a resource or backdrop?

Mr. CARROLL. Yes ma'am. Ma'am, may I mention one thing about HIDTAs, just if you do not mind? I just want to mention also, because I do believe that it is a very bipartisan issue. The HIDTAs, I just wanted to mention, in addition to doing the law enforcement work, as you know, we have several in your district of the drug-free communities. The boards of the HIDTAs, the law enforcement side, also sit with the prevention on the boards of our drug-free communities. So they can provide that overlap in one group of both law enforcement and prevention together in one community. Sorry.

Chairman CUMMINGS. Thank — go ahead. I gave him a little leeway over here.

Ms. KELLY. Director Carroll, will you provide this committee a list of all stakeholders that were consulted in the development of the 23-page strategy released in January?

Mr. CARROLL. Yes ma'am.

Ms. KELLY. Provide that to the committee.

Mr. CARROLL. Yes ma'am.

Ms. KELLY. Thank you.

Chairman CUMMINGS. Thank you very much.

Mr. Comer?

Mr. COMER. Thank you, Mr. Chairman. Last month I met with a group of folks here in office from the South Central Kentucky Drug Task Force. They spoke with me in depth about the drug epidemic in Kentucky, which like many states, is in — you know, it is a serious, serious issue.

The Kentucky State ONCDP director was present at this meeting. And he agreed with the notion that the drugs that are destroying our communities are coming from Mexico. That is why we must secure the border. And if we cannot get agreement from the other party on securing the border, then I support the President's measures to declare a national emergency. Because we have a terrible drug epidemic it seems like in the rural areas, which in districts like mine, it is pretty much the entire district. The drug problem gets worse every day. It is not getting any better.

According to the CDC, Kentucky, along with over a dozen other states were labeled as having a statistically significant drug overdose death rate increase from 2016 to 2017. Kentucky had an 11 percent increase from 2016 to 2017. Drug overdoses killed 1,566 people from my state in 2017. One-hundred-seventy deaths in my district alone. And between 2013 and 2017, fentanyl seizures by the Kentucky State Police have risen by more than 14,000 percent. And that is not a typo.

At the same time, meth seizures have increased by 299 percent. The fact of the matter is that deadly drugs continue to pour across our border and into our communities. Including the vast majority of cocaine and heroin consumed in America. What occurs at the border touches even the smallest rural communities that you will never hear about. That is why I care so strongly about what happens at our borders with regards to illicit drugs coming across and that is why I remain committed to securing our borders from dangerous crime and drugs that are killing our people.

Director Carroll, how does the ONDCP utilize law enforcement partnerships across Federal, state, and local entities to address illicit drug trafficking?

Mr. CARROLL. Thank you, Congressman. First of all, I want to thank all the efforts that are taking place in Kentucky. I am going there next week. Actually, and I will be meeting with some of the representatives at DHL, where so many drugs are coming through.

Mr. COMER. DHL in northern Kentucky. UPS in Louisville.

Mr. CARROLL. So your constituents down there working at those facilities are really trying hard. And in terms of understanding of the ports of entry and maybe not to answer your question but between the ports of entry. In the last two years, the amount of

fentanyl that DHS has seized between the ports of entry has increased over 468 percent between the ports of entry, just talking about fentanyl.

The partnership that we are able to utilize with our friends at HIDTA, working at the Federal, state, local, and tribal level are able to come together, provide us, as Director McDaniel said, real time, instant data of exactly what is happening.

I am on the phone frequently, usually on the cell phone, a lot of times in the evening, with our HIDTA directors across the country finding out firsthand. I do not want there to be a filter between, you know, the law enforcement folks, the treatment folks, anyone who are able to reach out and touch.

I know, Community Anti-Drug Coalition is here in the audience, CADCA. And I am constantly on the phone with them in the evening. And so, getting real time data regardless of the issues that we are concerned about is key to working with our law enforcement partners, including U.S. Coast Guard.

Mr. COMER. Quickly, how does the ONDCP leverage its relationships with international partnerships with other countries, such as Mexico to disrupt the flow of illicit drugs?

Mr. CARROLL. The — we work very closely with our — and I work very closely with our foreign partners. In Colombia we were talking about cocaine. They have a new President, President Duque as you know. I have already met with him four times since he took office last fall, including two weeks ago when he was meeting with President Trump, and I participated. In China, as we talked with Chairman Cummings, I am heading to China again in April. And frequent conversations with our U.S. Ambassador to China as well as the Chinese Ambassador to the U.S. Pushing them on class scheduling of fentanyl. Mexico is certainly a challenge. And we are working hard through an ONDCP-led effort of the North American Drug Dialogue.

Chairman CUMMINGS. Congressman's time has expired.

Mr. DeSaulnier?

Mr. DESAULNIER. Thank you, Mr. Chairman. I want to thank the witnesses. I want to also thank the ranking member for his efforts on this issue and it is a little hard to sit here, having spent hours in state and local Government in California on this issue. There is plenty of evidence-based research about the investments we need to make in this country to stop this crisis. And that is what this hearing is about, Mr. Carroll. It is us getting performance standards, from my perspective, that are required by statute from you. So we can measure it.

With all due respect, I have heard people from the previous administration sit here. And if members remember, our issues of the Chemical Safety Board which impacts my district with four refineries. And previous administration and others in that administration who said that they had the fire in belly. But if we cannot measure your success, then you should not be in the position. And so far, this administration, by almost any standard, has not managed well.

So in terms of the legislation, the statute that Mr. Cummings referred to, H.R. 5925, the Coordinated Response to Interagency Strategy and Information Sharing Act, The Crisis Act, along with

the support for Patients and Communications Act, Communities Act, which we passed by bipartisan effort to address this issue. And I want to recognize somebody I have worked closely with on the other side of the aisle, Congressman Buddy Carter and I have worked on this extensively, particularly opioids. As the only pharmacist in Congress, I respect him immensely.

But focusing on the evidence-based research, we were able — I was able — to along with Mr. Carter and others, get a number of amendments put into those statutes that Ms. McNeil, I believe, you are referring to those amendments. So those amendments require evidence-based research, performance standards and metrics, and I will add that this was supported by key stakeholders, politically and policy wise from both sides of the aisle.

Ms. McNeil, under that statute, I understand the GAO has recently begun its next audit of ONDCP. Is that correct?

Ms. MCNEIL. That is, yes.

Mr. DESAULNIER. When did the audit being, and did you have an intake meeting?

Ms. MCNEIL. We started that audit in the late fall, and we had one entrance conference meeting, which is our initial kickoff meeting with the ONDCP in, I think, the early December timeframe.

Mr. DESAULNIER. And have you asked for documents?

Ms. MCNEIL. Yes, we have.

Mr. DESAULNIER. Have you received any?

Ms. MCNEIL. We have received some documents. A number of them are not substantive and so they do not fully answer the questions that we have about one — how they certified budgets in 2017 and 2018 without a strategy. They also do not provide substantive information about how they developed the strategy that they issued in January.

Mr. DESAULNIER. Director Carroll, are you aware of this request?

Mr. CARROLL. This is the first that I am hearing that there were still some documents outstanding. We have spoken with them. I have just been conferring with staff almost every week since I have been in — since I have been the acting director since February of last year, and whatever documents were outstanding, I commit to finding out what they are and moving it as expeditiously as possible.

Mr. DESAULNIER. Ms. McNeil, can you sort of describe the difference from your perspective of what you have asked for, the responsiveness. My notes show that you have only got about 10 pages. So could you give us a little measurement on what you have asked for, what you have received, and what kind of timeline you would expect to get all of the information?

Ms. MCNEIL. Yes, my staff prepared a document for me so I can go through.

Mr. DESAULNIER. Briefly, please.

Ms. MCNEIL. What we asked for. If I can find it. I will go off memory. The information that we specifically need, what type of collaboration, who are the stakeholders that they coordinated with to develop the strategy, that is something that we thing should be readily available and should have been easily provided to us. I think we requested that back in December, and it is now March. The other types of things that we would have wanted to know, up-

dates on our past recommendations, specifically from the 2018 opioids, Synthetic Opioid Report we issued. We did get information this week on recommendations updates from ONDCP. And so, our staff is at the office right now trying to understand is it enough to move that? Have they addressed the deficiencies that we flagged?

I talked about how they certified budgets. That is critical. We want to understand what guidance did they provide to agencies when they did not have a strategy. Those are the types of things.

Mr. DESAULNIER. Okay, I only have 30 seconds. Mr. Carroll, it is enormously important, consistent with what the chair said, and I believe the ranking member, without putting words in his mouth, we all want this information. You have talked about meeting with parents. I have met with parents, siblings, 200, almost 200 people every day.

Mr. CARROLL. Yes sir.

Mr. DESAULNIER. There is a sense of urgency here. If you have some fire burning in you, you had better have it at full flame, because every day people are dying. And having just an esoteric conversation about how much we care is not important to me. It is the measurements, and I think both parties agree with that. So if we do not get this information in the 60 days, expect us to be very critical of your competence in doing your job. Thank you, Mr. Chairman.

Chairman CUMMINGS. Thank you very much.

Mr. HICE?

Mr. HICE. Thank you, Mr. Chairman. I have a poster I would like to put up, to me is stunning to realize this, the potency of fentanyl and how much, how little it takes to be lethal.

[Chart.]

Mr. HICE. And you see this amount compared to a penny. It is just amazing when you start looking at this and realize the cause of death. How little fentanyl is required to cause a death.

I think many of us saw earlier, Secretary Nielsen, in her testimony before Homeland Security, she made several stunning comments all along the way, but among those were in the first four months of the fiscal year, we saw approximately 60,000 migrants each month crossing illegally into our country. Last month alone, more than 76,000, which is a sharp increase. So we are seeing — it is not just enormous numbers of people, but we have got to ask the question, who are these people who are coming across the border illegally, and I think it is a fair statement to acknowledge the obvious that none of these can be referred to as law abiding if they are coming into our country illegally to begin with. And among those, of course, we have dealt with so much of the crime issues and today the drug, specifically, she mentioned in her testimony that fentanyl smuggling between the ports of entry, on the southern border, is more than doubled over the last fiscal year. You mentioned a while ago that it was 468 percent now, Mr. Carroll?

Mr. CARROLL. In fentanyl, yes.

Mr. HICE. Yes, in fentanyl. And just unbelievable increase. We have all known we have had trouble at the ports of entry but now, obviously, between the ports of entry are becoming a serious issue as well.

According to the Federal law enforcement, the threat of illicit fentanyl in the United States is primarily sourced from China and Mexico. I want to follow up a little bit on Mr. Roy earlier. I am familiar with fentanyl coming from China through the U.S. Postal Service, that type of thing. But walk me through the fentanyl threat that is coming along the southern border. Where is the source of that, do we know?

Mr. CARROLL. Yes sir, we do, sadly. And it is coming — it is all originating, or almost all, upper 90 percent from China. It is either coming from China to the U.S. either directly or maybe through a trans-shipment. Or, but the other predominant way is going into Mexico, and it goes to Mexico either as finished product or precursor chemicals. There is also, in Mexico, they have the exact number is classified. So I cannot give it in this setting, but I will mention as recently as December 2018, the Mexican attorney general's office announced a raid on a fentanyl production lab in Mexico. There are numerous production labs in Mexico that have been disrupted or dismantled by cooperative, global law enforcement efforts. And it is coming across, as I said, either, the fentanyl.

As you can see from the photograph, it is small.

Mr. HICE. It is just such a small amount. I want to express gratitude to HIDTA and the Atlanta, Carolina's HIDTA and Ocmulgee Drug Task Force in Milledgeville, Georgia where I am from. They are doing a great job. It is my understanding that every Mexican cartel has a presence in Georgia. And regardless of how it comes across the southern border, so many of these drugs, they make their way up the various arteries and so much of it ends up in the Atlanta area and goes however it moves from there. Generally speaking, how do the Mexican drug trafficking organizations operate, Mr. McDaniel? Can you explain that? Both on the border and interior?

Mr. MCDANIEL. Yes sir, they insulate themselves very well to prevent one person, for instance, in the Carolinas of cooperating and taking down the whole infrastructure. But unfortunately, they send their operatives into the U.S., and if we arrest one, then they send a replacement. But they send replacements that either of familial descent where they know where their family members are or if they are going to be trusted. But on the worst part of it is, is that the operatives that are running the cells in that area, they have family members in Mexico, and they know that they could be losing family members if they do not stay loyal to the cartel.

Mr. HICE. How would HIDTA in Houston differ from HIDTA in Atlanta? I know they have got to work uniquely but separately as well.

Mr. MCDANIEL. We work extremely well together. But yes sir, you are right, we have a lot more drugs that are being stashed as soon as they cross the U.S. border patrol inland at checkpoints. And then they are being loaded en masse and going into areas like in your district.

Mr. HICE. Thank you.

Chairman CUMMINGS. The gentleman's time has expired. Ms. Speier?

Ms. SPEIER. Mr. Chairman, thank you. Thank you for holding this hearing. I would like to compliment you and Congressman

Meadows, in abstensia, for recognizing what we should be talking about here. It is absolutely shameful that we would sit here and conflate a continuing debate about a border wall with the fact that 70,000 Americans are dying every single year in this country. And we want to turn this into some political food fight. Shame on you.

Now, Director Carroll, let me ask you this question. What percentage of the opioid overdose deaths in this country are due to prescription opioid use?

Mr. CARROLL. I want to make sure I try to give you as accurate a number as possible. Just about 70,000 deaths overall.

Ms. SPEIER. I know that.

Mr. CARROLL. Yes ma'am.

Ms. SPEIER. I can tell you what the percentage is.

Mr. CARROLL. Okay.

Ms. SPEIER. You should know this off the top of your head. It is 40 percent. So 40 percent of the deaths are attributed to persons getting prescription drugs in the United States. It is not the majority, but it is 40 percent. So you referenced between ports of entry capturing drugs. How are we capturing those drugs between the ports of entry?

Mr. CARROLL. Through a variety of methods but primarily DHS agents, whether they are border patrol or CBP. I do want to make sure that, that 40 percent —

Ms. SPEIER. I was just trying to make a point there. We can go on.

Mr. CARROLL. Sure.

Ms. SPEIER. My understanding is that the blimps that we have been using, the aerostats have been responsible for tons, some 60 tons of illegal drugs being captured. Not by a wall but by aerostat. I just want to make that point. Now let me go on to —

Mr. CARROLL. But of course that does not indicate flow. That just indicates law enforcement activity.

Ms. SPEIER. Okay, but we still — I want to focus on the 70,000 deaths a year.+

Mr. CARROLL. Me too.

Ms. SPEIER. And how we are going to address this.

Mr. CARROLL. Me too.

Ms. SPEIER. GAO has requested documents. You have been slow in making those documents available to the GAO. I want a commitment from you today that you will make those documents available within the next two weeks.

Mr. CARROLL. The —

Ms. SPEIER. Just answer yes or no. You have a \$19 million budget for operations.

Mr. CARROLL. I have no idea what those documents are. It is the first time I am hearing it. I will work with her today to find out what they are and get them to her as soon as possible. But until I know what they are —

Ms. SPEIER. Ms. McNeil, if you do not have them in two weeks, will you let the committee know, please?

Ms. MCNEIL. Yes.

Mr. CARROLL. And we can work together. I will let you know as well.

Ms. SPEIER. All right. The President convened a commission to look at this issue. They completed their work on November 1st, 2017, over a year ago. They made 56 recommendations for Federal funding and programs. How many of those have been adopted?

Mr. CARROLL. All of the 56 are not under the control of the Federal Government or the legislature here.

Ms. SPEIER. How many are?

Mr. CARROLL. The work on tracking those as well — I can give you an exact number. Obviously with 56, some are in various stages. But as I said, many of them are not under control of Federal Government or Congress.

Ms. SPEIER. If you would make the committee — put on paper a document that goes over the 56 recommendations. Indicate which ones are within the purview of the Federal Government and what action you have taken on them.

Mr. CARROLL. We will provide that, yes, ma'am.

Ms. SPEIER. And then finally, President Obama's drug policy budgets had each agency give an agency specific targets and assess them for performance. We have had an ongoing conversation here today about that. But for instance, in the Defense Department, it was assessing the amount of narcotics captured. In Health and Human Service, it was assessing the number of health centers providing treatments. And Justice was assessed drug-related investigations. I think that is what Ms. McNeil was trying to get to as well. We need measurements. Congressman Meadows was making that same point.

If you already have this document from the end of the Obama Administration, would it not be pretty simple to take what was developed there and augment it to some extent? We do not have to reinvent the wheel here. You have 40 seconds to answer that question.

Mr. CARROLL. Yes ma'am. It would have been simple, but it would have been wrong. Because what we know is that it failed under the Obama Administration when the last one came out. That every single time when all you did was look at individual numbers instead of effectiveness, instead of working with the agencies, resulted in an increased number of deaths. What we are now seeing in the most recent from CDC tracking over the last 18 months is the death rate of what we — because of the efforts that we have been doing is actually beginning, not only to taper but to plateau. And once CDC finalizes this information, you will see that the efforts that have been undertaken in the last 24 months or so are actually working. But the Chris Christie recommendations, they are not metrics or goals, either. They are broad things, but we took them to make sure that we came up with something working with Congress that will achieve the objectives that you just said.

Ms. SPEIER. Thank you. I yield back.

Chairman CUMMINGS. Let me — before I go to Ms. McNeil, I want to make sure we are clear. Because I do not want you to be making commitments, in fairness to you, that are not clear. You were going to come back — you are going to come back, God willing, in 60 days to do what Ms. McNeil has asked. But is this something different now? That you want? In other words, you said you want him to come back in two weeks with certain information.

Ms. SPEIER. Actually, Ms. McNeil indicated that she is still lacking documents that she needs for assessments. So——

Chairman CUMMINGS. You are talking about the lead documents?

Ms. SPEIER. Right.

Chairman CUMMINGS. Something different, right? Okay, go ahead.

Ms. MCNEIL. One important thing that GAO has been seeking as well, in addition to documents, is additional interviews. We have only been able to meet with ONDCP once during this engagement. We really need to be able to interact with them, and that would be helpful as well.

Chairman CUMMINGS. Will you commit to doing that? Seeing that your people are available?

Mr. CARROLL. I am really sorry that Congress, everything was shut down for 35 days over part of this issue, but whatever the outstanding — I will work with her. If there are interviews that she wants, we will take care of it. And in terms of what the Congresswoman was mentioning. I think she was asking, and correct me if I am wrong. You were talking about the Chris Christie? Was that part of — Okay, just wanted to make sure.

But on the other one, we will find out immediately what is going on and we will have a stat — if we have not been able to produce all of the metrics that GAO is asking for in the next 60 days, we will come up to you far in advance of the 60 days to tell you an exact status report of where we are. I commit to you.

Chairman CUMMINGS. Well I can tell you, we are going to have you here — May, the week of May 6.

Mr. CARROLL. Yes sir.

Chairman CUMMINGS. All right. Tell your staff because we will be here. And we would like to invite you.

Mr. CARROLL. Thank you. It is always a pleasure.

Chairman CUMMINGS. And the only reason I am saying that is I just wanted to make sure that we are not getting you to commit to something, and there is confusion. That is all.

Mr. CARROLL. I hope.

Chairman CUMMINGS. That is in fairness to you.

Mr. CARROLL. Yes sir, and I appreciate that. I think we are clear, but I will make sure I get back to your staff if there is any discrepancy, but I understand what we are agreeing on.

Chairman CUMMINGS. And Ms. McNeil, if you have any trouble getting your interviews, would you let us know?

Ms. MCNEIL. Yes sir.

Chairman CUMMINGS. Thank you.

Ms. MCNEIL. I surely will, and I would like to extend, if I may?

Chairman CUMMINGS. You may.

Ms. MCNEIL. We have expertise with strategic planning as well as collaboration good practices. We would be more than willing to come over and walk you through any of those leading practices. You implement the strategy and develop additional strategies.

Mr. CARROLL. What are you doing tomorrow?

[Laughter.]

Mr. CARROLL. Absolutely. We would love to work with GAO.

Ms. MCNEIL. Great.

Chairman CUMMINGS. Okay. All right, Mr. Grothman?

Mr. GROTHMAN. First of all, I would like to yield 20 second to Congressman Roy.

Mr. ROY. Thank you, sir. Just a quick question to Mr. McDaniel or Mr. Carroll, are you aware that with respect to the gentlelady's questions about air assets and how people are interdicted between the ports of entry, that the state of Texas has to put in its own budget \$800 million per biennium which they are debating right now and have been doing annually to provide air cover for the border patrol, because the U.S. Government refuses to give the air cover that is necessary for border patrol. Yes or no and then I yield back.

Mr. MCDANIEL. I am aware and Director McCraw is very supportive of our border interdiction efforts with Texas EPS.

Mr. CARROLL. CBP uses a variety — DHS uses a variety of methods, aerial and land based, including the rack patrol that looks for tunnels.

Mr. GROTHMAN. Okay, thank you. First of all, I would kind of apologize a little. I know, recently Wisconsin was in the news for pulling their National Guard off the Arizona Border, and I know it is important for every state to do their share, and I apologize in so far as the Wisconsin Governor did not realize the importance of this type of patrol done without the wall. You know, just identifying people, catching drugs coming across the border.

Okay, now some questions, really for all three of you. This is a very frustrating thing. I mean I cannot believe how far this has gotten, given that everybody seems to know these drugs are potentially fatal. Nevertheless, the number of people who die keeps going up and up. Does anybody know any examples of states or metropolitan areas that are genuine successes in which we have less steps today, now, than say four years ago? I mean, someone that is generally working?

Mr. CARROLL. If I can start. One of the areas that has really been hit the hardest and really started out being really tough in terms of the suffering is West Virginia. And one of the best practices that I saw in West Virginia is a quick response team in Huntington area. Where if someone overdoses within 24 hours, they are there with public health officials, with law enforcement, finding the people who the most vulnerable within 24 hours to get into treatment.

Mr. GROTHMAN. Has there been a drop in the number of fatalities in that metropolitan area?

Mr. CARROLL. Yes sir.

Mr. GROTHMAN. Okay. Next question. Can any of you give any examples of bad treatments? We keep throwing this money at treatments. I hear of good treatment and bad treatment. Does anyone want to comment on the type of things we do not want to spend money on anymore?

Mr. CARROLL. What we want to spend money on is science-based treatment that we know works. Such as medication-assisted treatment. MAT works for certain individuals. We know that faith-based treatment centers work for that segment of the population and they are very effective. It really depends on the population. In some of our rural areas, some of the things, and again, I appreciate the leadership of the chairman on some of the legislation that has passed, because that is enabling telemedicine for some of the rural

communities that otherwise do not have access to it, and I know that is something that Chairman Cummings has talked about in the past.

Mr. GROTHMAN. I was recently on another committee. We have these type of hearings on this topic frequently, and someone told me something that I was not aware of, but I wonder if you guys can confirm it. That is, if you go through a treatment situation and you come out without any of these opioids in your system, you are worse off, because the potential that you are going to start taking something again. You know, your body has lost its immunity to these things. You are more likely to die there than if you continue to give somebody some sort of drug when they break with the program. Otherwise, you would have been better off not finishing the program. Has any of you heard that or can confirm that?

Mr. CARROLL. Yes sir, I have. If I may?

Mr. GROTHMAN. Sure.

Mr. CARROLL. The people in their — people who suffer from the disease of addiction, when they are either released from incarceration or released from a treatment center, they are the first. I think it might be 30 days or so — the most vulnerable to having an overdose. If you think of it, sadly, in terms of alcohol.

Mr. GROTHMAN. Well I understand that. The question is, are we right that there are programs that you would be worse completing it?

Mr. CARROLL. I am so sorry, sir?

Mr. GROTHMAN. Is it correct that there are programs you would be worse successfully completing it than if you had dropped out because you would lose that immunity? That is what I was told by somebody else the other day in a subcommittee hearing.

Mr. CARROLL. I have not heard it put quite that way. I have it heard it more that people do not, you know, their tolerance, if you will —

Mr. GROTHMAN. I know. The question is, are there programs that you are worse completing it, because you get it all out of your system?

Mr. CARROLL. I am not familiar with that.

Mr. GROTHMAN. We will have to get that information for you. One more question.

Chairman CUMMINGS. Thank you very much.

Mr. Lynch?

Mr. LYNCH. Thank you, Mr. Chairman. I want to thank all the witnesses for helping us out here with this tough issue. I have been on this committee long enough to remember when opioid, the opioid crisis and fighting it was a bipartisan issue. And I am a little bit disappointed that some of — I share Ms. Speier's frustration that now we are dragging in messaging issues and bringing them into this debate. My own experience here is that, you know, I have worked in a bipartisan fashion, Hal Rogers, when he was chair of the Prescription Drug Taskforce, in that group, I was his vice chairman. He would host events down in Atlanta and various other places and we would bring plane loads of people from Massachusetts to work, a lot of them democrats, to work on this problem. My Governor, Charlie Baker, he is a republican, and I do not think

there is any Governor in the country that works harder on this issue than he does. And we are partners.

So it does cause me some level of disappointment that it took so long to get here, Mr. Carroll. And that, you know, you wanted to sit at the table by yourself, things like that. Your predecessor, Mr. Botticelli, he was banging on our doors before we could get him up here. That was his approach. And to be honest with you, there is a handful of legislators that work on this issue 24/7.

I had a starter — I founded an adolescent residential OxyContin rehab facility in my district. I had 14 young boys take their lives in a suicide cluster that was connected with opioid abuse. And so through that experience, I worked with a lot of republicans around the country that were having this problem, West Virginia was hit. There is no state in the country that is not dealing with this. But Mr. Botticelli had that gravitas. He had been through it. He was a public health official in Massachusetts Department of Health. He ran an HIV program. So he is dealing with public health. And, you know, now when President Trump comes in, we got to wait two years. We got to wait two years for his, you know, his National Drug Policy Strategy, two years. We hear silence. Crickets, nothing. And then when it comes out, it is 23 pages. Obviously, you did not have to stay up late thinking this thing up. And it completely ignores the law.

So we passed a joint bill here a few years ago to actually require metrics to be set up. That is what Ms. McNeil has been talking about. And your strategy completely ignores that. The bill we passed, those are not suggestions, that is the law. That is the law. So we are really disappointed the relationship we have got right now.

I am delighted that Ms. McNeil has, and GAO, invited you over for an exercise on collaboration and training. But it has been a while. It has been a while. I am really disappointed. I know you were counsel over at Ford Motor Company, and I do not see, I do not see a lot of prior experience on your part in this area. And with President Trump's delay in addressing this and then appointing someone who, none of us have been working on this issue for years. You know, I filed my first bill on this to ban OxyContin in 2004. So it has been a while. And so when he appoints someone whose experience is thin, to be polite, to address a major issue where we are losing 70,000 Americans every year to this, it is disheartening. It is disheartening. It does not show that he has the proper sense of urgency on this problem.

So, you know, I just think you got to work harder. You got to try to collaborate. And there should not be a fight about getting you in here to talk to us. Like I said, for years, forever, this was a bipartisan issue. And, you know, it has taken a different flavor since President Trump has taken office and that is disgraceful. It is shameful. You know, we need to do better than that.

So I do not have any questions. I just got a request. You need to work with us on this. We need to all be rowing in the same direction. People are dying out there. So let us do a better job. I yield back.

Chairman CUMMINGS. I want to thank the gentleman.
Mr. Higgins?

Mr. HIGGINS. Thank you, Mr. Chairman. Ladies and gentleman, it has been a healthy conversation. There are some things that have touched my heart. The chairman mentioned lack of executive guidance for passion and purpose and no detailed goals. Let me say that the law enforcement professionals tasked with securing our borders do not need bureaucrats or politicians who have never worn a badge to tell them what their mission is or to define for them their passion and their purpose.

Their passion and their purpose is etched upon their heart. It is carved upon their soul. All they need is for D.C. career politicians to provide the resources and enhanced technology, physical barriers, and manpower that they have clearly requested, properly requested. Imagine that. Career D.C. politicians and deep D.C. bureaucrats quite upset that the President's overall strategy to combat massive deadly drugs that flow into our country is to actually allow law enforcement professionals to develop operations plans that are based on law enforcement reality rather than D.C. politics.

My colleagues across the aisle have argued that our border security is working and most drugs are seized at legal ports of entry. That's not true. Since Fiscal Year 2012, Customs and Border Patrol has seized more than 11 million pounds of drugs between ports of entry, compared to only 4 million pounds at ports of entry. In fact, Customs and Border Patrol has seized more drugs between ports of entry than at ports of entry every year since 2012. And just to be clear, when I say between ports of entry, I am referring to the areas along our southern border that my colleagues across the aisle, since President Trump has been elected, determine is a partisan issue.

We shall not have enhanced physical barriers prior to the President's election. This was a bipartisan conclusion. Mr. McDaniel, thank you for your service with thin blue line, sir. How is HIDTA responding to this onslaught of illegal drugs, this incredible flow crossing our border. You have a hell of a program. Share with America, how do you address this?

Mr. MCDANIEL. Thank you, sir. What is the question, again? Excuse me.

Mr. HIGGINS. How is HIDTA responding to the incredible increase of illegal, controlled dangerous substances coming through the Houston commander control sector?

Mr. MCDANIEL. We have had, in my prior experience with DEA, I had to really rethink everything, because really we are having to join hand in hand with our treatment and prevention specialists there. We are having a holistic approach there and we are still focusing on law enforcement, but we are realizing that —

Mr. HIGGINS. It is not business as normal as it was, say, seven, eight years ago. Is it, sir?

Mr. MCDANIEL. No sir.

Mr. HIGGINS. Fentanyl, in my experience, is the most dangerous drug I have ever seen and I have pretty much dealt with them all.

Mr. MCDANIEL. That is correct.

Mr. HIGGINS. Would a more comprehensive border strategy, that includes enhanced barriers, modern technology, 21st century technology, and additional manpower, in your opinion, would that

eliminate the dangerous drugs from being brought into our country between ports of entry?

Mr. MCDANIEL. Yes sir, and I go back to your opening statement. Anything you guys could do for law enforcement and that you continue to do for law enforcement is greatly appreciated.

Mr. HIGGINS. You would think the expertise of law enforcement is more significant and meaningful than the expertise of bureaucrats and career politicians in D.C.?

Mr. MCDANIEL. I —

Mr. HIGGINS. It is a dangerous place to answer that question.

Mr. MCDANIEL. It is. It is, and I will let you tackle those tough questions.

Mr. HIGGINS. We will let America judge that. Finally, regarding tunneling has been mentioned. In my remaining 40 seconds, can you just clarify that tunneling across our border requires densities of population and criminal complicity on both sides of the border, because tunneling is easily spotted from the air. You have to have a criminally complicit warehouse on the southern side of the border and a criminally complicit warehouse on the northern side of the border. And this is not even to mention the challenges of tunneling through bedrock. Would you basically concur with that?

Mr. MCDANIEL. I would concur with that, sir.

Mr. HIGGINS. Thank you. So there are limited parts of our border where tunneling is an issue. Am I correct?

Mr. MCDANIEL. Yes sir.

Mr. HIGGINS. Thank you, sir. I yield, Mr. Chairman.

Chairman CUMMINGS. Thank you very much. Ms. Cortez.

Ms. OCASIO-CORTEZ. Thank you, Mr. Chairman. Oftentimes, it seems that consciously or unconsciously, a narrative is reinforced that the opioid crisis impacts only one type of community. That is limited to people of a certain income, geography, race, culture, et cetera, but the truth is, is that it impacts all of us.

In New York City, Bronx residents die of drug overdoses at a higher rate than any other borough. And, you know, for this reason, I would like to submit to the record, and I seek unanimous consent to submit to the record, this New York Times article that displays the urgent need for Federal opioid response.

Chairman CUMMINGS. Without objection. So ordered.

Ms. OCASIO-CORTEZ. In urban communities. Thank you very much. I am concerned that when it comes to truly prioritizing and solving the opioid crisis, the President is saying one thing but doing another.

Last month, President Trump declared a “national emergency concerning the southern border of the United States,” under the National Emergencies Act. And, you know, my colleagues want to talk of the southern border with relation to the opioid crisis, so let us talk about it.

Because even at the time that he declared this emergency, he said himself, “I didn’t need to do this.” But he did. And at the time the President declared this emergency, the White House issued a Statement and that, “He would be using his legal authority to take executive action to secure additional resources,” and he has transferred millions of dollars even from FEMA to ICE. The Statement said that the administration had identified funding that could be

transferred from other agencies as well. This includes up to \$2.5 billion that he has transferred from the Department of Defense and up to \$3.6 billion reallocated from military construction projects. So that is one national emergency he has identified.

But about a year and half ago, the President issue a declaration indicating that opioids also consist — constitute a public health emergency. Director Carroll, to date, how much funding has the administration transferred from other agencies to address the opioid public health emergency?

Mr. CARROLL. If you are referring to the opioid emergency that was declared 18 months or so ago. Very little money was actually transferred over. I am not sure of the exact amount. It was not very much money.

Ms. OCASIO-CORTEZ. Right. We are seeing here. There is evidence that almost no money was transferred from other agencies. So we have two national emergencies. One declared on the southern border where the President transfers and is taking away millions of dollars from other agencies to address a wall which does not even solve these issues when we are seeing that it is focused on ports of entry. But second, we actually —

Mr. CARROLL. May I address that, actually? Just to make sure? I think that they were done with two different intents. When the opioid crisis was identified, it was to bring awareness, just like what you were talking about and what you have seen in your community and in your district. To make sure that people, parents, everyone understood the issue.

Ms. OCASIO-CORTEZ. So we have got two emergencies. One is treated with an actual action and the other is just to raise awareness. But I do think that despite the fact that I disagree with how, I mean, disagree is a mild term, but disagree with the President's course of action, I do think that we here in Congress have responsibility here as well. The Public Health Emergency Fund has only, at most, \$57,000 in it. And it is not been really funded congressionally in a long time. So I think that, that is an area where we can accept some personal responsibility.

But also it is hard to ignore the private sector's benefit from the opioid crisis. Drug makers have poured close to \$2.5 billion into lobbying and funding Members of Congress over the last decade. Mr. Carroll, do you believe that private sector lobbying by the pharmaceutical industry could be playing a role in the opioid crisis?

Mr. CARROLL. I have not looked into the lobbying part of this at all. You did mention the public health, and I wanted to just mention something that the CDC has done that I think has been very helpful. We have been working with the CDC and DEA to make sure that, just like if there were an outbreak of a contagious disease. When there is an outbreak of overdoses in one cluster area, the HHS, through the CDC is working on creating a hot team to deploy immediately to those areas. And through the public health funds, that is one of the things that they are doing. So I just wanted to mention CDC.

Ms. OCASIO-CORTEZ. Sure thing.

Mr. CARROLL. Because if there is an outbreak in your district.

Ms. OCASIO-CORTEZ. So one last question. Specifically, perhaps Ms. McNeil or Mr. Carroll, but Ms. McNeil, did the declaration of

a public health emergency for opioids make any additional funding available to expand treatment for individuals who had overdosed or to provide services to individuals who are in recovery?

Ms. MCNEIL. I would like to invite my colleague, Mary Denigan-Macauley to answer that question.

Ms. DENIGAN-MACAULEY. So we did look at the public health emergency declaration that was issued in November 2017 and subsequent to that. You are correct that the public health emergency funds were not used and that there is \$57,000 currently in that.

Ms. OCASIO-CORTEZ. \$57,000 that we have as a Government to address the public health emergency in this fund?

Ms. DENIGAN-MACAULEY. That is correct. There are alternative funds that can be used, but in this case, they did not use this. And this emergency has never been used for opioids in the past.

Chairman CUMMINGS. The gentlelady's time is expired. Would you explain why that is? No, you. Yes, yes.

Mr. CARROLL. I just wanted to point out of the \$34 billion that the Government spends, half, more or less, and I can play with the statistics. More or less half is devoted to law enforcement and then the other half, \$16 or \$17 billion goes toward treatment and prevention. Thank you.

Chairman CUMMINGS. Ms. Miller?

Ms. MILLER. Thank you, Chairman Cummings and Ranking Member Jordan. I am so thankful that we are having this hearing today. My home state is the epicenter of the opioid crisis. Prescription pain killers, fentanyl, and heroin flow across our port's borders and have devastated my community, my state, and our country.

In January, 254 pounds of fentanyl was seized at a border crossing in the United States. This is enough fentanyl to kill every man, woman and child in West Virginia 32 times over. We have banded together as a state to meet this crisis. We have come a long way, but it is still — there is still so much left to do.

The opioid crisis is multifaceted. Its origins go back to the 1990's. However, the breaking point in West Virginia came with the war on coal and subsequent fall of the coal industry. Imagine being a coalminer in Appalachia. You have a great paying job, and you can provide for your family and have money to spare. Then 1 day, you have no job, no money, and you and your family has nowhere to turn due to overreaching regulations from the Federal Government.

Not only did the mining jobs disappear, the businesses that supplied them and the workers were all affected. Their communities were devastated. That leads to great despair and hopelessness. Which leads to people turning to drugs. nationwide since 2000, there have been 300,000 deaths involving opioids. In 2017 alone, over 70,000 Americans died from a drug overdose. 47,000 and which were caused by opioids in over 28,000 by fentanyl or fentanyl analogs. The same year, West Virginia had the highest rate of prescription opioid and synthetic opioid deaths and the second highest rate of heroin overdose deaths. There were 833 compared with 974 right in my state. I thank President Trump for declaring an opioid crisis. That it is a public health emergency.

We need as much attention as possible on this issue to get addicted Americans the help they need. I believe we have good partners in the administration and Congress to combat this issue. This

is one of the reasons I support the border wall and border security funding. I have seen how my community has been impacted by drug trafficking. We need to stop the drug cartels at the border. I am pleased that HIDTA drug trafficking area programs have been able to come into my state.

HIDTA programs allow for Federal, state, and local Governments to use Federal funds to aggressively respond onto drug trafficking and other nefarious drug-related activities.

In West Virginia, we are now seeing second generation impacts of this crisis. My state has one of the highest rates of neonatal abstinence syndrome in the country. One of the many horrors of opioid addiction. Neonatal abstinence syndrome is when a baby is born prenatally exposed to drugs and suffers from withdrawal symptoms.

For every 1,000 births in West Virginia, about 50 babies are born dependent upon drugs. I have visited facilities where these babies are taken to withdrawn from opioids. I have them cry and inconsolably and in terrible pain. I have talked with their mothers in recovery, battling this addiction. It is heartbreaking.

We were blessed to have First Lady Melania Trump come to visit Lily's Place, a center in Huntington where babies with neonatal abstinence syndrome to receive care. Lily's Place was created by nurses in our local hospital. I am glad that she was able to learn more about the struggling that these families are facing. There is no silver bullet to solve the opioid crisis, but there are many steps that we can take in order to coordinate with Federal, state, and community partners to address it.

We need to focus on the family as a whole promoting rehabilitation, work, self-sufficiency, and community support. And I will continue to work every day to find solutions for my constituents.

Director Carroll, what steps has the Office of National Drug Control Policy done to address the neo-natal abstinence syndrome?

Mr. CARROLL. Thank you for the question. As I said, West Virginia really was at one point, really the epicenter of what has happened. And so, West Virginia and particular areas like Huntington, like I mentioned, have really thought hard and worked on this issue. Some of the things that the administration has done to address this issue, HHS awarded a grant to expand intellectual and disabilities. Training and research on NAS to make sure that the science is really understood about the cause of it. They have extended residential treatment by almost \$10 million. For pregnant and post-partum women, for them to be together with their children in residential care to allow them to have that bond still there.

HRSA, the Health Responses and Services Administration part of HHS, they have a maternal child health bureau that received an additional funding through Congress — thank you, ma'am — of over \$3 million to help care for infant and toddlers.

Chairman CUMMINGS. The gentlelady's time is expired. Mr. Rouda?

Mr. ROUDA. Thank you, Mr. Chairman. And thanks to all of you for coming to help address this very important issue facing our country.

Director Carroll, a year ago, President Trump signed an executive order establishing the Commission on Combatting Drug Addic-

tion in the Opioid Crisis, which was charged with studying, “the scope and effectiveness of the Federal response to drug addiction and making recommendations for addressing the opioid crisis.” The commission, chaired by former New Jersey Governor, Chris Christie, released its final report on November 2017, setting forth more than 60 recommendations. Director Carroll, how many of the more than 60 recommendations made by the President’s Opioid Commission have been fully implemented?

Mr. CARROLL. Thank you for asking the question. I believe there are right about 56 recommendations come forward from there. And those recommendations were broad based. Some of them were absolutely under the purview of the administration. Some under Congress. Some were not even something that we could implement here from D.C. at all, that they were state based.

Since I arrived, I have asked that our agency go back and start doing a scorekeeping to find out exactly which ones are, where they are in progress, and which ones might be stalled. And I have told Chairman Cummings that I commit to get you all that scorecard in terms of where they are. But that document was examined thoroughly, the commission’s findings to make sure that it was understood when we implemented the National Drug Control Strategy on January 31st, the day I was sworn in.

Mr. ROUDA. Thank you and the second recommendation in the final report, “The commission believes that ONDCP must establish a coordinated system for tracking all federally funded initiatives through support from HHS and DOJ.” Has this recommendation been implemented?

Mr. CARROLL. Yes sir.

Mr. ROUDA. Okay, can you talk about how it has been implemented and what you found out?

Mr. CARROLL. What we are doing is we are working closely with — the two main partners on this really — and there are 15 agencies in our departments that we have oversight through the drug control budget process. But obviously, HHS and Department of Justice are the two that we work mostly closely with and various components of them. They were consulted with the National Drug Control Strategy as well as the quantifiable metrics that we are developing now. The data supplement, as per the course, with past administrations will be reduced.

I believe we are on track for the next few weeks to have the data supplement go out and then we are working with the rest of the agencies to make sure that we get the metrics to make sure that we address that point that you just said, sir.

Mr. ROUDA. Okay. And I want to turn to an issue that is front and center for me and my constituents in the 48th District of California in Orange County. We have seen a significant increase, as many other districts have as well, with drug overdose deaths and opioid-related emergency room visits. Coupled with that is the increase in what we call silver home living facilities. Specifically in my district, we have seen hundreds of sober homes that basically are fly by-night operators that literally recruit addicts from around the country to come. They soak up the benefits that are provided under the ACA. And then the term used is they curb with them.

Adding to the homeless population and additional crime in the community.

I know that one of the recommendations by the Christie Commission, recommended that the Federal agencies, the National Alliance for Recovery Residence, and National Association of State Alcohol and Drug Abuse Directors and housing stakeholders should work collaboratively to develop quality standards and best practices for recovery residences, including model, state, and local policies. Has this recommendation been implemented?

Mr. CARROLL. Yes sir. I have met with those entities regularly and visited those facilities. And one thing that I want to thank you for and the rest of the members of the committee and Congress, that in the Support Act, as you know, that was passed, that was also in there, that there was a requirement for HHS to issue best practices for entities operating recovery housing facilities. And so we are working with them to make sure that, that provision of the law is actually followed through so there is a best practices. And also, we are working closely with the stakeholders that you just mentioned. And I think that they are actually, as we talked about earlier — sometimes D.C. is not the best way to come up with some of these standards and some of the stakeholders are developing on their own, sort of a rating system, if you will, like the Better Business Bureau, to actually rate some of these facilities so that parents and other people who are, you know, helping get a family member into treatment.

Mr. ROUDA. And Congresswoman Chu, in the 115th Congress, submitted bipartisan legislation to specifically address the silver home issue. Have you reviewed that legislation, and do you support that legislation?

Mr. CARROLL. I have not reviewed it, so I cannot say whether or not I support it.

Mr. ROUDA. Thank you, Mr. Chair.

Chairman CUMMINGS. Thank you very much.

Mr. Armstrong?

Mr. ARMSTRONG. Thank you, Mr. Chairman. I just want to preface this with, I am not talking about trafficking or any of those issues. I hope we lock those people up. I hope we continue to do those things, but I think there has been a very huge shift nationally in how we deal with addiction-related crimes, particularly for our young adults, and I think it is a good shift. But I want to just talk — we have a drastic misconception. We did it in North Dakota. It was called Justice Reinvestment. I was actually the chair of the committee. The entire state of 750,000 people. And so, trafficking, often is a Federal crime. We can track it federally. But most addiction-related crimes — and you are a former prosecutor, right, at the county level?

Mr. CARROLL. Yes sir.

Mr. ARMSTRONG. So most addiction-related crimes happen at the local or the state level. So we need to be careful about the data and about doing this, because the data is only as good coming out as it is coming in. And what we found when we were doing this, and we have been doing it for six years in North Dakota, and we still continue to get it wrong. And it is not because there are not a

bunch of really smart people and everybody sitting behind you looks really smart, too.

But counties have been willfully bad in different jurisdictions are terrible about how they do it. On top of that, it is dynamic as it is moving. You know, I would say, unfortunately, the easiest way to track this is deaths. Then probably the second easiest way to track it is arrests. I mean, we found 85 percent of anybody who was in treatment had some interaction with the court system. And a third way is recidivism. Because what we are trying to do, especially with young offenders and young addicts is get rid of the recidivism rates. While recidivism, in and of itself, has become dynamic, because as states, red states like Texas, red states like North Dakota have realized that relapse is part, is now part of treatment. So instead of getting another charge, probation, state-run probationaries are getting better at intermediary probation measures that keep people out of prison.

Just yesterday, our Governor signed a bill that got rid of some minimum mandatory sentencing on some drug addiction-related crimes, and I think it is a direct correlation to the First Step Act, right. I mean the Federal Government is doing those things and now states are reacting.

But for all of the work we continue to do and want to work, do here, the frontlines of this is going to be your mayors, your local police departments, your local faith-based groups, your charitable groups. When we were holding community meetings, the first two people I invited to every meeting was the chamber and realtors. And the reason is, I do not care if it is Federal Government. I do not care if it is state Government, if I cannot house them, and I cannot employ them, there is not going to be a single program that works that is going to continue to work through this.

So we talk a lot about evidence-based treatment, evidence-based prevention. There are very few rural communities that exist in the entire country that have one crisis bed. Or once addiction-related counselor. So I am going to start with a caution, and then I am going to ask for some responses. I mean, I understand when we do Federal programs, and we need to do these things. We have to also remember that Mott, North Dakota does not have an addiction counselor. What they do have is really good faith-based group at the church. And we got to — we have to ensure as we are moving this forward that perfect does not become the enemy of good, because then I would feature to guess there is not a single community in the United States that has enough resources to deal with whether it is opioids or alcoholism or methamphetamine or whatever it is. But I can tell you rural America really is struggling on that.

So when we develop Federal programs, Federal resources, I just want to make sure that those resources are getting to communities so that they can combat this in the way they, in the way they are able to do it in their local communities. How we deliver it in rural North Dakota is very different than how we deliver it in Minneapolis.

So I am going to ask these two questions and then I am just going to kind of ask for comment. What are we doing about: A, the lack of counselors, the lack of people that are actually in the pipe-

line? Which I mean our university is right now, in order to continue to combat that, because we do not have enough. We do not have enough on the ground. We do not have enough in school and they are needed all across the country. And then two, how are you dealing with these programs to ensure that they are still effective in communities that do not have the services that you would qualify as best practices?

Mr. CARROLL. Let me try to answer as quickly as I can.

Mr. ARMSTRONG. Absolutely.

Mr. CARROLL. Thank you. Since I started at ONDCP, we have done — undertaken a couple of initiatives to directly address the issue in rural America. On October 30th, 2018, we released — I released from my office from ONDCP, in coordination with the Department of Agriculture, the Federal Resource Guide for Rural Communities, working with Commerce, Education, Labor, all of the important key agencies to make sure that we are addressing rural America.

One of the things that is critical there also for rural Americans in telemedicine. And the Support Act also carries with it the ability to do that. I have seen telemedicine work. I sat in a hospital setting with a prescriber dealing with someone in a rural part of the state who had no access to treatment. We are working DEA to try to expedite mobile vans to try to get more of those out there. And also, as you might know, Secretary Perdue has been very instrumental in this. And I created the in-office within ONDCP to specifically address this, bringing over his point person, Anne Hazlett from Department of Agriculture on to focus on rural opioid coordination. We are tackling this issue head on.

Mr. ARMSTRONG. Thank you. I appreciate it.

Chairman CUMMINGS. Thank you very much. Let me say this. One of the first things I did, first of all, I agree with you, Mr. Armstrong. Faith-based services are very important. The first call I made when I became chairman was to the Ranking Member, and I said, “I want to come visit your district, because I understand that you’ve got some great faith-based situations there.” And so, I agree with you. This is very important. You are right, the Government cannot do everything. And I get that. But thank you for your comments. Now, Ms. Hill.

Ms. HILL. Thank you, Mr. Chairman. And thank you, Mr. Carroll for being here. I ran a large organization that was working on issues of substance abuse and mental health and homelessness. And so, this is a big issue for my district. This is a big issue for me. And I recognize the difficulty of the task you have ahead and there you are relatively new to the position.

I have a quick question. What would, for you personally, define success when you leave?

Mr. CARROLL. When I leave, the main definition of success is, there is not as many parents who have lost a child.

Ms. HILL. Okay. That is a good — that is the right kind of definition of success. So you wrote this strategy, right? Your office wrote this strategy outlining the President’s priorities and setting the direction for accomplishing these priorities, correct?

So assuming you and the administration actually want that to happen, do you think that will happen if there a 23-page document of what should happen?

Mr. CARROLL. Yes ma'am.

Ms. HILL. But how?

Mr. CARROLL. The — first off, what I would point to is, since I have been in office, in an acting capacity, up until January 31, the accomplishments that we have already undertaken and already achieved. And, you know, with such things as what we launched last week was the Opioid Detection Challenge to try to develop technology with a million-and-a-half-dollar prize to try to find fentanyl and other opioids as they are coming through the mail.

The Federal Resource Guide for Communities to try to help them. But at the end of the day, what is critically important is this document, which is the same average length as the military strategy document, the National Security, the Cyber Security, is this creates a vision. Ma'am, I could not do business — there are 70,000 Americans dying as you know. And your district is hit hard. For me to continue to do business the way that it has been, I could not live with myself, because I do not think I would be serving your constituents or my own family.

Ms. HILL. No, I do not think anyone wants you to continue doing business as usual.

Mr. CARROLL. That is why I developed it in this way, just try to vision, and I look forward to working with GAO as we have talked about today to make sure that we develop the metrics that Chairman Cummings, that other members of the committee on both sides.

Ms. HILL. So one thing I am hoping that you can help to deliver as you are working on that, you know, I appreciate having an overarching vision, which is more less, what I think this is. But what, you know, how are you going to make sure that each of those strategies is actually implemented? Who is accountable for that? What happens if at the end of your, you know, tenure, fewer people are not dying. Who is ultimately held to account and how is each agency, how are we ensuring that each agency that is supposed to be working on this is actually delivering?

Mr. CARROLL. And I sincerely appreciate the authority that the committee gave in the reauthorization. Because with a budget authority, that is how we can hold accountable the agencies and how they are spending their dollars on this issue. And that is why, you know, as we talked about the last one, which had 13 in all, you know, 11, 12 failed on this. And so we cannot do business like that. And that is why I hope and pray, I know you do too, that the agencies are able to use this wisely that we can work with GAO to develop appropriate metrics in addition for the chairman and ranking member and for you.

Ms. HILL. So an example is implementing a nationwide media campaign. You talk about how Rx Awareness has started, and I think that is great. So will we be able to find out how much money there is spent on it, how it has been divided, who the media partners are, you know, actual details of how this is going to be effective?

Mr. CARROLL. Yes ma'am. I am particularly proud of the media campaign. With less than \$400,000, I think it was \$384,000, specifically. We were able to turn that into \$20 million worth of advertising with donated space working with YouTube, Google, Facebook, so many other companies. And what that has resulted in is a billion impressions —

Ms. HILL. See, this is great data. This is what I want. This is the kind of information that I want to see. How can we get that and what kind of a, you know, something heavier. This is what we have seen in the past, and, you know, I am not somebody who wants to look through 150, however many pages, necessarily, but when we want to get into a specific strategy, how are we able to do that?

Mr. CARROLL. That is what is going to be coming out. But on that media campaign, we now have 58 percent of kids, young adults, target audience, you have awareness of this. And so, I appreciate the little bit of money that Congress appropriated for this. We have used it wisely.

Ms. HILL. In the short period of time that I have left, one thing that is missing from the strategy and hopefully this is coming, too. We have a — we need to expand availability of treatment, enhance the quality of it. You know, the largest financer of behavioral health services is Medicaid, right?

Mr. CARROLL. Correct.

Ms. HILL. So the ACA significantly expanded access to substance use, this sort of treatment, correct? And in addition to expanding parity for mental health services. So including as much as 18 percent for SUD. Do you believe that expanding Medicaid into additional states under the ACA would result in more states having more resources to deal with substance abuse?

Mr. CARROLL. I think in terms of being able to answer that question, the HHS would need to look into the — how the impact of the ACA acts. But in terms of the treatment, and what we are seeing is, and I would love to get your help on this, there is an awareness gap in terms of the estimated 20 million people who need treatment and only 10 percent even try. And so trying to get them into treatment, the Support Act makes treatment more available. There is more money going to states, but if I could get help to close that gap to get more people into treatment, I would love it.

Ms. HILL. Thank you.

Chairman CUMMINGS. The — just out of curiosity, with regard to Medicaid.

Mr. CARROLL. Yes sir.

Chairman CUMMINGS. When — with regard to the Affordable Care Act, you know, we had a lot of states that did not accept Medicaid under the Affordable Care Act. One of the — a lot of people that get treatment, get it through Medicaid. Have you had any input with regard to your strategy on that and working with the administration?

You know, in some of these states that are not —

Mr. CARROLL. One of the things that is critical under Medicaid is expanding the 1115 waiver. And that is something I know, Chairman Cummings, your staff has talked to our staff about. I am really happy to see that lifted so that we can get more people into

treatment and to get Medicaid reimbursement back to them. Also in terms of treatment for people who are incarcerated and being able to get treatment for those people. Hopefully there are fewer and fewer of those, but, you know, we did a \$4 million-dollar grant to ONDCP last fall for diversion courts. So that hopefully those people that just have an addiction stay out. But for those that are in, to try to get them treatment as well would be something I would like to explore.

Chairman CUMMINGS. Okay. Mr. Jordan.

Mr. JORDAN. Thank you, Mr. Chairman. Mr. McDaniel, the democrats have said there is no crisis, no emergency on the southern border. In your judgment and your like 20-something years of experience, is there an illegal drug crisis, illegal drug emergency on our southern border?

Mr. MCDANIEL. Yes sir.

Mr. JORDAN. There is?

Mr. MCDANIEL. Yes sir.

Mr. JORDAN. Is there a gang and cartel crisis and emergency on our southern border?

Mr. MCDANIEL. Yes sir.

Mr. JORDAN. And is there also a human trafficking crisis emergency situation on our southern border?

Mr. MCDANIEL. Yes, there is.

Mr. JORDAN. So there is, all three?

Mr. MCDANIEL. Yes.

Mr. JORDAN. Got a drug emergency. We have got a human trafficking emergency. We got a gang and cartel emergency on our southern border. Mr. Carroll, is there a drug crisis emergency on our southern border?

Mr. CARROLL. Yes sir. There is a drug crisis in our country and all of the drugs that are here are coming into our country, the fatal drugs, are coming from overseas, Mexico, China.

Mr. JORDAN. Is there also a gang and drug cartel problem on our southern border?

Mr. CARROLL. Absolutely. And there is no question.

Mr. JORDAN. And associated with this cartel activity is a human trafficking problem on our southern border. Would you call that an emergency or crisis as well?

Mr. CARROLL. And they are absolutely related, because these traffickers who are just completely morally depraved will trade anything. They will trade in drugs. They will trade in weapons. They will trade in children. They will trade in human lives.

Mr. JORDAN. So we got two experts here today, Mr. Chairman, on our panel, two experts with experience in this area. One, 20-something years in law enforcement. He says there is a drug crisis emergency. There is a human trafficking crisis emergency. There is a gang and cartel violence emergency on our district or on our southern border.

Let me go back to another point that was raised earlier. One of the earlier members, I believe it was Ms. Wasserman Schultz said, "90 percent of drugs captured are captured at ports of entry." And Mr. Higgins disagreed with it, but let us assume for a second that Ms. Wasserman Schultz is right.

Mr. McDaniel, does it surprise you that drugs are captured where there is actually law enforcement personnel?

Mr. MCDANIEL. No sir. No surprise at all.

Mr. JORDAN. That is kind of common sense, is it not?

Mr. MCDANIEL. Yes.

Mr. JORDAN. Like wow, we are actually capturing drugs where there are law enforcement personnel at the ports of entry. But we are also capturing some where there are not ports of entry. And my guess is, call me just some common sense guy from western Ohio. My guess is, a lot of drugs are moving across the border where there are not any good guys to stop them, right?

Mr. MCDANIEL. That is correct.

Mr. JORDAN. Yes. And hence the reason we need a barrier. Hence the reason we need some kind of border security wall to help with that situation to deal with this crisis that is all over our country as the director points out. Would you agree with that, Mr. McDaniel?

Mr. MCDANIEL. I would agree with that.

Mr. JORDAN. It is good common sense. So this argument, this argument, that "Oh most of the drugs seized are at ports of entry." Well for goodness sakes, that is where, that is where we have law enforcement right there. Of course, that is going to happen. But there is all kinds of bad stuff coming across where there are not the good guys to stop the bad stuff.

Mr. McDaniel, would you agree with all that?

Mr. MCDANIEL. Yes sir.

Mr. JORDAN. Now, to the point Mr. Higgins made. Is — how much is actually seized, though, where there are not ports of entry. We are still catching some of it, right? We are still getting some of it?

Mr. MCDANIEL. Yes sir.

Mr. JORDAN. Is it more or less than what we are getting at the ports of entry?

Mr. MCDANIEL. More between the —

Mr. JORDAN. Between the ports of entry. Democrats say, "Oh, we're only getting it at the ports of entry." Well of course we are, because we got law enforcement there. But between the ports of entry where they can just cross and there are not law enforcement personnel right there, we are still capturing some there at some points, right?

Mr. MCDANIEL. Yes sir.

Mr. JORDAN. Yes. Is it more or less than we are getting at the ports of entry?

Mr. MCDANIEL. There is no way to tell, because we — the big unknown is what are we missing. Obviously, we are missing a lot.

Mr. JORDAN. Of course. Of course.

Mr. Carroll, have anything to add to all of that?

Mr. CARROLL. Yes sir, I mean, obviously I completely agree with Mr. McDaniel. In terms of if you just go by weight, and I mean I can break it down by drug, if you would like. But the numbers that I have from Customs and Border Protection for 2018 reflect the total weight of drugs at ports of entry in 2018 was 432,000 pounds of various drugs.

Between ports of entry for the same timeframe, Fiscal Year 2018, 476,000.

Mr. JORDAN. So actually more, even?

Mr. CARROLL. In terms of total weight, but I can break it down by drug, if you want.

Mr. JORDAN. So here is my big question I want to ask for the other side. Because just a few weeks ago, that enough fentanyl was captured to kill 57 million Americans. Remember this story when this happened? Just a few weeks back, right?

Mr. CARROLL. Yes sir.

Mr. JORDAN. 57 — so if that is not an emergency, somebody tell me what is. Enough fentanyl to kill 58 million, 59 million? I mean, how bad does it have to get before we actually say, this is an emergency. For goodness sake, we got the two experts who said it is an emergency on illegal drug trafficking, illegal human trafficking, and of course, the gang and cartel violence. It is an emergency and there is no way around it. Let us do everything we can to deal with the problem.

Again, I want to thank you all for being here and for your fine testimony today. I yield back.

Chairman CUMMINGS. Mr. Clay?

Mr. CLAY. Thank you, Mr. Chairman. Let me thank the panel, too, for participating today. Good to see you again, Director Carroll.

Mr. CARROLL. Yes sir.

Mr. CLAY. Let me ask you, on January the 30th, 2018, the DHS Inspector General issued its Drug Control Performance Summary report for the Coast Guard. The report indicates that more than 2,700 metric tons of cocaine flowed toward the U.S. in Fiscal Year 2017. In that year, the Coast Guard removed 223 metric tons of cocaine through its interdiction efforts. And this was a new record. However, even with that extraordinary achievement, the Coast Guard failed to achieve this removal target of 11.5 percent.

Then in Fiscal Year 2018, the Coast Guard removal rate target, meaning the amount of cocaine the service was working to interdict or destroy was lowered to 10 percent. The question is, why was the Coast Guard's drug removal rate target lowered and how was 10 percent chosen as the new target?

Mr. CARROLL. Thank you, Congressman for the question. I started last year in February. So I am not familiar with exactly why that percentage was altered. But if I could talk about, for a second. This is where I am certain it sort of gets into the National Drug Control Strategy and why it was developed in such a way that it is.

I think it is a little bit — it can be misleading if all we do is focus in on weight. I have to say that U.S. Coast Guard are incredibly brave men and women out there who are working so hard. It is amazing. And the last three years that Coast Guard removed 1.4 million pounds of uncut cocaine and brought almost 1,800 people to justice from their operations. The Coast Guard is a fine example.

But let us say that — so over the last three years they removed 1.4 million pounds. And over the next three years, let us say that they remove a million pounds. That does not mean that it is a failing grade. It could mean that our efforts with President Duque in Colombia has — the area of eradication has restarted. That their ef-

forts there and with the aid of U.S. Government and it will also move to licit crops instead of illicit crops.

So it could be that actually some of the efforts that were working in Colombia are improving. So that is why I think we have to measure effectiveness and not just pure numbers.

Mr. CLAY. And, Director, I have visited Colombia and visited our troops who are embedded with the Colombian military.

Mr. CARROLL. Yes sir.

Mr. CLAY. To try to change from one crop to another. And to also engage in the interdiction efforts also. And, and they are making good progress, but let tell you what in an interview published in 2017, Admiral Paul 2:47:25.3, who was then the Commander of the Coast Guard said because of resource limitations, the Coast Guard, "Cannot catch all the drug smuggling we know about." He stated that in the previous year, the intelligence had nearly 500 possible shipments that could not, that they could not go intercept them, because we did not have the ships or planes to go after them.

So we had actual intelligence on drug shipments, but we did not have the resources to stop them. Director Carroll, do you know how many known or suspected drug shipments moving toward the U.S. at sea, we fail to stop today because the Coast Guard does not have the resources such as ships and air support?

Mr. CARROLL. I do not know that I have the exact number at my fingertips, and I do not know that if I did, I would want to say, specifically to our drug traffickers the chances of success in getting through. But to your point, which I think is, if the Coast Guard had more assets they would be able to stop more drugs at sea.

The Coast Guard, and I know have been working with several members of the committee, I believe, to talk about making sure they have a force readiness and restoring that to a capability where they could. I meet routinely. In fact, my next conversation with the commandant on the Coast Guard is set for this afternoon. Hopefully will be leaving soon.

[Laughter.]

Mr. CARROLL. And I meet with him routinely. When I went down to Colombia, I had the commandant and Coast Guard go with me so he could meet the new President. When we formed the first new HIDTA in 17 years, last year up in Alaska, I had the commandant go with me there.

The Coast Guard plays such a vital role. But just so you know, I mean, we are also seeing drugs come in from Alaska by ship that the Coast Guard is working so hard on as well.

Mr. CLAY. All right, thank you.

Mr. CARROLL. I'm sorry, just one more —

Mr. CLAY. Mr. Chairman, I yield back.

Chairman CUMMINGS. Mr. Steube?

Mr. STEUBE. Thank you, Mr. Chairman. Thank you for, everybody for coming here today. One of the challenges of being a freshman in Congress in the minority with the last name S, is I get to be the last person to ask questions. So I apologize if some of has already been discussed. But I kind of want to talk about — you had testified and I thought it was elicited that there is 8,100 pounds of cocaine between the ports of entry that have been interdicted. 124,000 pounds of marijuana. 112 pounds of fentanyl and that was

between the ports of entry. Do you guys have any estimates as to what is coming through — between the ports of entry that were not interdicting. Like based on these numbers, can you give estimates on what we are not capturing that is coming across the border?

Mr. CARROLL. I would hazard to guess, because you do not know what do not know. But I think one thing that you could do, and I think we should probably sit down with a statistician. But this is how I look at it from a rather simplistic view is let us just take cocaine, because that is one of the better examples we know since we were just talking about the Coast Guard.

We know that Colombia is capable of producing over 900 tons of cocaine annually. And we are working hard with President Duque to eliminate that. We know the Coast Guard is seizing hundreds of tons every year with that. And then at the border, there are tons being seized as well. Customs and Border Patrol seized 800 or 900 pounds a few months ago, maybe two months ago at the most, between a port of entry on a UTV, on all-terrain vehicle, six-wheel vehicle, a John Deere-type vehicle where it tried to raid across the river, and that was cocaine.

So we know we can estimate the number of tons of cocaine that are caught. We know 921 are capable of being produced. We know not all of those is destined for the U.S. You can put round numbers. But we are, for example, we have got to be in hundreds of tons of cocaine that is not being caught just by that very example right there.

Mr. STEUBE. Well that is just cocaine. That is not it.

Mr. CARROLL. Fentanyl is a complete unknown. I mean we have 150,000, at least, chemical labs in China. And those drugs, as we know, are going into — either coming into the mail, being trans-shipped or coming across the border from Mexico. We have no denominator for that. We have a ballpark denominator for cocaine and plant-based heroin. But the synthetics is a complete unknown.

Mr. STEUBE. And it was your testimony here today that building the wall in the places between the ports of entry where we do not have anything to prevent people from coming in with all of these drugs is something that you recommend?

Mr. CARROLL. We have to do everything we can to save American lives. We have to build a wall. We have to have more law enforcement officers, not only on the border, you know, under DHS. We need more ships with the Coast Guard and we need more of the thin blue line here in the United States. We also need to decrease demand in the U.S. through prevention efforts and treatment efforts.

Sir, we have to — this truly is a crisis. For 70,000 people dying. My bottom line is we are going to save lives by doing whatever we need to do.

Mr. STEUBE. And by building that wall that would prevent just 112 pounds of fentanyl and we saw the little display earlier of the salts, grams or small amounts of that, that literally can kill hundreds of people, thousands of people, millions of Americans. It would save lives if we were able to do that?

Mr. CARROLL. If we are — if that fentanyl does not come into the U.S. we are saving a life.

Mr. STEUBE. Well thank you for your time here today.

Mr. CARROLL. Thank you, sir.

Mr. STEUBE. I yield back.

Chairman CUMMINGS. Mr. Welch?

Mr. WELCH. Thank you very much. Thank the panel, very important work that you are doing. Director Carroll, I wanted to ask you a few questions about naloxone.

Mr. CARROLL. Yes sir.

Mr. WELCH. You know, the Christie Commission on Opioids described naloxone as the first line of defense on the opioid epidemic. And the commission recommends that all law enforcement officers across the country be equipped with it.

Mr. CARROLL. Yes sir.

Mr. WELCH. And does the National Drug Control Strategy set forth specific steps to ensure that all law enforcement officers across the country are going to be equipped with naloxone?

Mr. CARROLL. That is one of the things that is critical is to make sure that these officers have it. And we set forth this through a number of grants that have already come out to state treatment, excuse me, state response funds to make sure that states have the discretion about the best way to give it to the law enforcement or the first responders.

Mr. WELCH. But right now, there are really widely varying levels of access, 2:54:04.2 across the country, right?

Mr. CARROLL. It is actually interesting, I was with, on Monday this week, a hundred local behavioral specialists in the field. And that was one of the questions I asked them, because I want to know the answer. If something is failing, I want to know, and I tell you, I asked them, "Does anyone have a hard time getting naloxone?" And the answer, thankfully — but I have to admit, I was surprised — was no. They all have the ability to get naloxone.

Mr. WELCH. You know, actually I am surprised at that, too.

Mr. CARROLL. Me too.

Mr. WELCH. That is not what I hear. You know, that the — affordability is a real challenge for communities in Vermont. And just talking to some of colleagues, I hear republican and democrat, that affordability is a real issue.

Mr. CARROLL. And I was surprised, too. I do not want to —

Mr. WELCH. Well let me just go on.

Mr. CARROLL. But can I talk about naloxone pricing just so you mentioned it. In the last two years, naloxone prices have remained stabled and that is something we have been able to keep pushing. And I appreciate Congress' help on that also.

Mr. WELCH. Right. And dealing with the price is what I want to get to.

Mr. CARROLL. I am sorry, sir.

Mr. WELCH. It cannot be accessible if it is not affordable. And tax payers are really burdened. And our police forces are overstretched. You know, by the way, it is amazing what our first responders do. You know, as they show and as they have to administer naloxone to save a life. And then they may have to come back 2 weeks later, and it is the same person.

Mr. CARROLL. Sometimes the same day.

Mr. WELCH. I am amazed at the patience and goodwill of our law enforcement community.

Mr. CARROLL. Their fatigue is something we do worry about.

Mr. WELCH. Right. But naloxone, a generic drug, the nasal spray version which is developed using taxpayer funding. It costs \$150 bucks for a two pack. That is a lot of money in a lot of our small Vermont communities. A two pack for the auto injector, as I understand it, is \$4,500 bucks. So my view, that is pretty expensive and my question is, does the administration plan to carry out the Christie Commission's recommendation that the Government negotiate for lower prices for naloxone.

Mr. CARROLL. Naloxone is a covered benefit for all Medicaid patients, as I understand it. And we are working to make sure all insurance plans cover it.

Mr. WELCH. Well we are talking about negotiating a lower price. In other words, I get it that it is a covered benefit, which is good. But somebody pays that cost. Is it the employer-sponsors, the healthcare plan, the taxpayer who provides the healthcare benefit through Medicaid or Medicare, or sometimes self-pay? So getting the Christie Commission recommendation of price negotiation, I think is an excellent recommendation, and I am wondering where you are on that?

Mr. CARROLL. I could not agree more. I know in the timeframe like 2012 to 2016, naloxone prices skyrocketed.

Mr. WELCH. Right.

Mr. CARROLL. And my office —

Mr. WELCH. So can we get some support to implement the Christie Commission recommendation of price negotiation?

Mr. CARROLL. Yes sir. What I was going to say was, my office back then, this was even prior to President Trump, under President Obama, ONDCP had some sort of — I was not there, obviously — but it had some sort of listening session, roundtable. Maybe the chairman is aware, in which they were very forceful in terms of bringing down that price.

Mr. WELCH. Let us stay on that. You got to bring the price down. Okay, I would like to get Governor Christie —

Mr. CARROLL. I have got mine with me.

Mr. WELCH. I hope you do not have to use it.

Mr. CARROLL. I will say, also, that I believe in naloxone to the point that I was the first, and —

Mr. WELCH. Really.

Mr. CARROLL. I think I might be the only one to require all my employees to get the — trained on naloxone.

Mr. WELCH. That is fantastic. Rescue breathing, the strategy points out that simple rescue breathing can keep a person alive until help arrives. Does rescue breathing reverse an overdose?

Mr. CARROLL. It keeps them alive until a first responder can there with Narcan.

Mr. WELCH. So it is not an effective replacement for Narcan?

Mr. CARROLL. It keeps them alive until Narcan gets there or naloxone, you know, the drug gets there.

Mr. WELCH. Right, okay. Thank you very much. And chairman, I yield back.

Chairman CUMMINGS. Thank you very much. I yield/give myself some time. I have sat here and listened to all of this and first of all, I want to say, thank you to all of you.

So often, Mr. McDaniel when the minority has a witness, there is a lot of disagreement. I agree with you. I love HIDTA. HIDTA is one of the best things that ever happened with regard to dealing with this problem. And one of the reasons why that is, is because they take the resources of different agencies and bring them together. They then communicate so they are not all silos. And again, everything I do, everything, walking to that door, I want to be effective and efficient.

And it is an effective and efficient way of trying to deal with this problem. And so, I thank you. You will not get an argument from me on that one. Director Carroll, first of all, let me express my concern and my sadness with regard to your relative that you talked about. I watched you very carefully. And as you were speaking, I could tell that it was very emotional for you. As a trial lawyer, I watch(ed) witnessed carefully. And, you know, Director Carroll, they say that we have one of the best staffs on Capitol Hill. You know why that is? First of all, there is nobody that comes to my office, even an intern, that I do not interview. And I look for two things. They got to have these two things: They — well first of all — they usually do not get to the interview unless they got them. One, they got to be smart. And two, they got to have compassion for the issues that we deal with.

There is a reason for that. Because I can have a smart person with no compassion. So that means that they are not going to necessarily do things that need to be done. They are smart. Or they can have their passion and not be smart. And so, that is a problem. I think you have both. You thought I was going to say something else? I saw you drop your head. Do not forget what I said. I am watching you.

I think you have both. I think you have compassion, and I think you are a smart man. So what we have to do is take your smartness and your compassion and direct it so that we can do what? Be most effective and efficient. This is your watch. You have come on the scene. You did not — tell my, I tell my staff that a lot of times the crisis, you do not go to the crisis, the crisis comes to you. So you are here for a reason and a season. And I am praying, and I know Mr. Welch and all of us on both sides, we pray that you will be successful.

But I want you to understand something.

Mr. CARROLL. I will pray for you, too, sir.

Chairman CUMMINGS. I'm sorry?

Mr. CARROLL. I will pray for you, too.

Chairman CUMMINGS. Yes, pray hard, man. But we — that is important to us. One of the things that I also tell my staff is that I want Government to work for people. It is important to me. I mean almost everybody — I do not know if you noticed, almost everybody on both sides of the aisle talked about what an urgent problem this is. I will never forget, Mr. Carroll, give you a little bit of my history.

Joe Scarborough, Morning Joe, he and I were on this committee and we were over the drug committee. That is how we became such good friends. And we did a lot of good things together. He was a conservative republican, and I was a guy from Baltimore, a liberal.

But we were able to do things together. And it was so refreshing. So in that spirit, now we move forward, right.

I know some of the questions, I told you, some of the questions would be difficult. But I am just going to ask you some general things that I am concerned about. And to you, Ms. McNeil, your testimony was excellent, but I want to make sure we are all coming together. Because, again, one thing I noticed about life, is people have a tendency to go in circles. They go in circles. And they are looking for an exit to get to where they got to go. Sometimes they are distracted. Sometimes they just lose sight. But sometimes they just cannot find the exit to get there.

So we have now, and you can help me with this, Ms. McNeil. We have given the ONDCP, we have basically given you the exit sign. You know, how to get to where you got to go. You have already told me what you are trying to do. I believe you. But we are giving you the exit. In fact, the exit sign is there. Ms. McNeil is standing up there with a big sign. She is saying, "Follow the law." And then, not only does she say, "Follow the law." She tells you what the law is. She says —but she said something else. "I will help you." She said something else. "Give me something to work with. Let me interview your people." Right.

Okay, now. You are with me?

Mr. CARROLL. Yes sir.

Chairman CUMMINGS. I just want to make sure you are following me.

Mr. CARROLL. Yes sir.

Chairman CUMMINGS. So here we are. And so under the law, let me just, under the law in place in 2017–2018. I am going to ask you about the — as well as last year's reauthorization. The ONDCP director is required to "consult with the heads of the National Drug Control Program Agencies in developing the drug patrol strategy." That coordination is part of your job. Is that right?

Mr. CARROLL. It is part of the job of ONDCP director, yes.

Chairman CUMMINGS. Right, that is right. Is that right, Ms. McNeil?

Ms. MCNEIL. Yes sir.

Chairman CUMMINGS. And I guess the thing that is bothering me is we keep talking about whether you are going to do certain things and whether there is a debate, some kind of debate, with regard to what you are going to do, but it is the law. Is it? Hold up. It is already done. Got a big sign. You got a whole, you got one of the best departments in the country in Ms. McNeil's agency. They are credible big time, and they want to help.

So and they are saying, "Follow the law." But let me ask you this, does a 23-page strategy comply with the law? Do you think so? I mean, in your honest opinion?

Mr. CARROLL. Yes sir.

Chairman CUMMINGS. Based on what Ms. McNeil said.

Mr. CARROLL. Yes sir. Based upon, and I am giving you my honest, under oath —

Chairman CUMMINGS. Yes, good.

Mr. CARROLL. It absolutely complies with the law. We did all the consultations leading up to this relying on the draft, National Drug Control Strategy, that was in place, in process when I got there.

Looking at all the other reports, such as the Chris Christie report that we talked about earlier. Using all of those documents that were there and then spending a year doing this.

Chairman CUMMINGS, at the very beginning of this, over three hours ago, and I wrote it down, because —

Chairman CUMMINGS. This is a short hearing, here.

Mr. CARROLL. I am sorry, sir?

Chairman CUMMINGS. I said this is a short hearing.

[Laughter.]

Mr. CARROLL. Well a short time ago, three hours ago, you said that you were a deliberate and careful person.

Chairman CUMMINGS. That is right.

Mr. CARROLL. So am I. And so, this strategy was written in a very deliberate and careful way. It was meant to comply with the law. But more importantly or just as importantly, in my mind more importantly, was designed to save lives. So what we are doing is following the law and, as I said, we are going through the inter-agency process to develop the metrics. I think — I hope you heard me a few minutes ago when Ms. McNeil said that they have experts to help with the metrics, and I asked her what she is doing tomorrow. And first I have heard that she has tried to meet with me. I do not know if you have to interview me. I have not heard that request.

Ms. MCNEIL. Not you specifically. Your staff.

Mr. CARROLL. And so we will make — anyone she wants to meet with, you know, that is appropriate, we will make it instantly available. First time hearing any of that. We want to partner with her and her agency.

Chairman CUMMINGS. Can I tell you something?

Mr. CARROLL. Yes sir.

Chairman CUMMINGS. If my staff, if I came into a meeting and my staff did not tell me that, what, and I am coming to here. Somebody would not have a job. I am just letting you know.

Mr. CARROLL. Well we have been meeting with them every week.

Chairman CUMMINGS. Whoa, whoa. I am not trying to get anybody in trouble. Welch, you probably feel the same way. I tell my staff you are not paid to embarrass me. And what I am saying to you is that we come in here and you are telling me the very person that you are sitting across the table with, the very person who will, who have concerns, the very person who we would consult to make sure we are on the right track, you did not even know —

Mr. CARROLL. She has never reached out to me. She just said that she has never even tried to talk to me. I was the one who said, "Let's meet tomorrow."

Chairman CUMMINGS. Did you hear what I said?

Mr. CARROLL. Yes sir, I did.

Chairman CUMMINGS. Staff, all right. Staff. Okay. And do not — I am not trying to beat you up, man. I am just being honest with you. I am trying to be effective and efficient. We got people dying. That is all.

Now, Ms. McNeil, he said that he has complied. You agree with that?

Ms. MCNEIL. No, we do not agree that — they, that ONDCP strategy is in compliance with the 2006 statute. We do not agree.

Chairman CUMMINGS. And you said that earlier, I think you were trying to find your notes. Did you cover everything you said that was lacking?

Ms. MCNEIL. We — I did. Yes.

Chairman CUMMINGS. Yes, I do not want to go over it again. See, see, I want to make sure you all are — I know you are getting tired of this. And I want to make sure you are on the same page. You know, another thing I tell my staff. When I hire somebody, I say to them, I say, "I want to know what you expect, but I want you to know what I expect." And it has got to be a two-way street. So I want — she needs certain things. You want to help. I just want to bring you together like a marriage. Seriously. So that we can get some things done.

Now, now Ms. McNeil in the past, in past administrations, did ONDCP rely on the data supplements to comply with the legal required, requirements applied to the strategy?

Ms. MCNEIL. I do not have an answer to that question. We can find that answer and get back to you on that one.

Chairman CUMMINGS. All right. How soon can I get that?

Ms. MCNEIL. Very soon. Within the week.

Chairman CUMMINGS. Thank you very much.

Chairman CUMMINGS. Who wrote this? I mean did — would this be the 23-pager, was this by ONDCP in its entirety or did you have other people inputting?

Mr. CARROLL. It was written by staff at ONDCP. We did bring in one contractor with an expertise in drafting strategies just to make sure that it was written in, not a political individual. It was strictly a, one contractor to help, bringing everything together to make it one document.

Chairman CUMMINGS. Can you tell us who that contractor is?

Mr. CARROLL. I am sorry, sir?

Chairman CUMMINGS. Who is the contractor?

Mr. CARROLL. He was actually on loan from another government agency. I would rather not say his name publicly, but we brought him along from —

Chairman CUMMINGS. Well you can let us know. You can let my staff know?

Mr. CARROLL. Yes. Yes sir. He came over, I believe from DIA, Defense Intelligence Agency. I am not sure which one, but it was one of the national universities or DIA. But then we had all of the career professionals at DI — at ONDCP actually do the drafting. I mean, political, if I think, if I am answering your question, maybe that you are not asking if political individuals wrote or political appointees wrote it? That is not the case.

Chairman CUMMINGS. I was not asking you that. But you answered me.

Mr. CARROLL. Thank you.

Chairman CUMMINGS. So they, they did the research? This agency, this organization, consultant?

Mr. CARROLL. I am sorry, sir. Could you repeat the question?

Chairman CUMMINGS. Well I had asked you who prepared the 23-page strategy.

Mr. CARROLL. ONDCP staff. Career staff.

Chairman CUMMINGS. So what role did the contractor play? Let me tell you why I am asking you this.

Mr. CARROLL. Sure.

Chairman CUMMINGS. I mean you have given us the document that Ms. McNeil has said is inadequate. So, you know, we are paying this person or these people. We are paying as tax payers. We are paying them. And I want to know, you know, what is the disconnect because I got to make sure you all are connected.

Mr. CARROLL. I do not know that there is a disconnect. I was not — with 70,000 people dying — I was not going to do business as normal. I had ONDCP career staff write this report.

Chairman CUMMINGS. But what role did the contractor play?

Mr. CARROLL. He just helped assemble it and make it a — he is an instructor at one of the national universities, and he is a good writer. He did not come up with the vision. It was my vision, our vision at ONDCP. We are placing more emphasis on this individual from DIA than I think is appropriate. But I am happy to let you speak to him.

Chairman CUMMINGS. All right. I do not know if you know this, but one of my so-called expertise within the Congress is maritime. I used to be the chairman of the Coast Guard subcommittee. So I am very, very familiar with the Coast Guard. It is a .

Mr. CARROLL. Could not agree more.

Chairman CUMMINGS. And by the way, by the way, I want to make sure that our ONDCP people understand that I know that they are doing a great job. I know that.

Mr. CARROLL. Thank you, sir.

Chairman CUMMINGS. They put their blood, sweat, and tears into this. I got that. But it is like, again, I hate to keep talking about the way I run my office. But if I have in my office, if I see somebody not doing something the way it is supposed to be done, I do not look at them, I look at me. And you know what the first question I ask, "Did I properly train them?" Did I properly give them my expectations? And so, because I think it is unfair to them if I am expecting something and they do not know it. Well they do not know how to do what I am expecting.

So I am just trying to get to the bottom line. So now going to the Coast Guard. The Coast Guard is a drug control program agency. And it is the lead Federal agency for drug interdiction at sea.

Mr. CARROLL. Yes sir.

Chairman CUMMINGS. But the Coast Guard said that you did not consult with them about the drug control strategy.

Mr. CARROLL. Who said that, sir?

Chairman CUMMINGS. I am getting to get into — let me finish.

Mr. CARROLL. Thank you.

Chairman CUMMINGS. Committee staff asked the Coast Guard. They responded, this is their quote. And we will get the name of the person.

Mr. CARROLL. I would like to know the name of the person.

Chairman CUMMINGS. Okay, we will get that. I promise you we will get it. We will have it for you. But let me, let me just read what they said. They said, "The Coast Guard did not have specific involvement in the drafting and review of the National Drug Control Strategy." And just to be clear, ONDCP was required under

the statute to consult with the heads of drug and control program agencies. And you just said that the Coast Guard would be one of those agencies.

So why, if this is accurate, why did not the Coast Guard, which is also served as the chair of the Interdiction Committee as you well know, have any role in drafting and reviewing the National Drug Control Strategy?

Mr. CARROLL. I can promise you that is inaccurate. That might have come from a Coast Guard Leg Affairs office here, but I do not work with them. I work with the commandant of the Coast Guard. They absolutely had input into this and they absolutely were the ones who provided input on this. That could not be more wrong, and I am sure, as you said, in terms of staff, I am sure that the commandant would be very interested to hear that, considering he and I have such a great relationship and we talk every day. I can promise you this was not — no one who had to do — I do not see — I do not know what individual at what level that was, but I suggest you direct the question to the Commandant of the Coast Guard and he will —

Chairman CUMMINGS. I know him, and I know him well. I will do just that.

Mr. CARROLL. Thank you.

Chairman CUMMINGS. Let me ask you this. You said to Ms. McNeil, again — Ms. McNeil, I just want to be clear. I do not want you to be sitting waiting and not getting what you need.

Ms. McNEIL. Thank you. I appreciate that.

Chairman CUMMINGS. You said that Ms. McNeil could interview people, "as appropriate." Who would be an — the appropriate person for GAO to interview?

Mr. CARROLL. I am turning to her who she would like to interview, but I will make them available.

Chairman CUMMINGS. So she can — she told you the kind of information that she needs. You would know in your agency who handles that information, right?

Mr. CARROLL. Yes sir, a bunch of my staff have been interacting with them.

Chairman CUMMINGS. Would you give her a list?

Mr. CARROLL. A list of —

Chairman CUMMINGS. The people she ought to be interviewing.

Mr. CARROLL. A list of what? I do not know who she wants to interview. If she would tell me she will interview, I will make them available. I mean 80 employees.

Chairman CUMMINGS. Okay, let me put it like this.

Mr. CARROLL. Okay.

Chairman CUMMINGS. Now this is not deep, man. All I am saying is, she can tell you the kind of information she needs. You will have that.

Mr. CARROLL. Great.

Chairman CUMMINGS. Then I want you to look at that and say, these are the people, and you got a brilliant young lady sitting behind you, because we work with her quite a bit. I forgot your name, I am sorry.

Mr. CARROLL. It is Gala. Sitting behind me?

Chairman CUMMINGS. She is absolutely brilliant and she has a phenomenal —

Mr. CARROLL. She is brilliant.

Chairman CUMMINGS. No, seriously. I mean seriously. The word on the street is that she is the guru.

[Laughter.]

Mr. CARROLL. Did she pay you to say that?

[Laughter.]

Chairman CUMMINGS. No, no. That is a fact.

Mr. CARROLL. I believe you. I agree.

Chairman CUMMINGS. And you know I — I mean, you know what I told you?

Mr. CARROLL. Yes sir.

Chairman CUMMINGS. People who are smart. She has got it. And compassionate for the issues. So just figure out —

Mr. CARROLL. Absolutely.

Chairman CUMMINGS. Who she — she will tell you what she needs. You will talk to your staff and say —

Mr. CARROLL. Come to Gala.

Chairman CUMMINGS [continuing]. you got that information? This is who we are going to make available to Ms. McNeil. How about that?

Mr. CARROLL. Yes sir.

Chairman CUMMINGS. All right. We are doing fine. I am almost finished. Let us talk about naloxone for a minute.

Mr. CARROLL. Sure.

Chairman CUMMINGS. You know, one of the reason I think, and I was surprised too Welch, but they have been rationing the drug. You know that? They ration it. In Baltimore, it is so expensive and we had one of the most progressive or had — she is now the head of Planned Parenthood, Dr. Wynn, Elaine Wynn. She is one of the most progressive and I mean assertive people with regard to naloxone and drug addiction, okay. And she wanted to give out a lot to all our first responders and everything. She could not do it. She had to literally ration it. Why? We could not afford it. We could not afford, you know, because it has gone up so much.

So I do not know whether you all know, but a number of us, about two or three years ago wrote all the attorney generals in the United States and said please try to negotiate and bring this price down on the naloxone. Because it does save lives.

I have literally, literally seen people's life saved. My wife and were leaving a dinner together, and that must have been about a year ago. And somebody just dumped somebody right in front of the hotel where we coming out of. And the next — because apparently these kids were at a party.

Mr. CARROLL. Right.

Chairman CUMMINGS. Just threw him — they just dumped him out of the car. And then I asked the doorman. I said, "Does this happen all the time?" He said, "It happens about, all the time." And then some — then they came along and, you know, did the injection. The person came, came to life. So it is a miracle drug. No doubt about it. Can you — do you — can you think of anything and Mr. Carroll, this is not a "gotcha" question, but I really want to know. I think that you could be the great spokesperson that comes

out there and says, "You know I'm the drug czar." I know you do not like that word, but drug czar. "And I have been appointed to do this job. Please, manufacturers of naloxone, bring your prices down. Save some lives."

You know, you just said you travel all around the country. And you see the damage. You would be the greatest spokesperson. Do you realize that if you went on television and did that, you may not think it may make a difference, but one thing is for sure, it will stop it from going up? I know it has been leveling off. You do not have to tell me. I got that, but the price that is.

Mr. CARROLL. Yes sir.

Chairman CUMMINGS. But I am saying, those are the kind of things that mean something. You follow me? Can you think of anything else you might be able to do?

Mr. CARROLL. I participated in Pennsylvania, I used to work there, and I will work with Pennsylvania. We were able to have a naloxone giveaway day. And I called in to one of the media stations that were advertising this for residents of the state. I will find out from them how they were able to afford to get so much medication and where people could just, you know, come for naloxone medication. Come in and they would hand it — give them training and give it to them for free. I will find out how they did that. And working with the pharmaceutical companies, this really is a bipartisan issue.

Maybe I can get help from you and the ranking member. We could with them together and talk to them and saying, what can we do to make sure this is getting to more people, more first responders.

Chairman CUMMINGS. And Azar.

Mr. CARROLL. And I will do training — if you want I will get them to do training up here. And if you lawyers will let it, we'll try to give you naloxone so you can have it in your pocket as well.

Chairman CUMMINGS. Thank you very much.

Mr. CARROLL. Thank you.

Chairman CUMMINGS. Now I just said you might want to work with Azar. You think that is —

Mr. CARROLL. Yes, I talk to them all the time.

Chairman CUMMINGS. Yes, I mean that is a perfect person. He seemed to be a good guy who would be sensitive to these kind of things.

Mr. CARROLL. I think he is a compassionate fellow as well.

Chairman CUMMINGS. Well, I am about to wrap up, but I got to ask you this because you kind of threw me off for a minute then.

Mr. CARROLL. Oh sorry.

Chairman CUMMINGS. That is Okay. You said something about

— Mr. CARROLL. You kind of threw me off a couple of times, too.

Chairman CUMMINGS. Oh, I am sure I did. You said something about when the healthcare emergency was established, it was established to — and maybe — yes, it had to be you. You are the only person who could of said it. It was to "bring awareness." What does that mean?

Mr. CARROLL. Well I mean I was not in ONDCP at the time. What I am saying is that —

Chairman CUMMINGS. But what did you mean?

Mr. CARROLL. Yes sir. What I meant was the greatest — what I think is one of the greatest benefits of when the President declared the opioid crisis was to bring awareness to this issue. So many people did not know about it. So many people did not know what other families were going through. And so, I think that was one of the greatest benefits is to really bring awareness. I mean there are other — as we talked about — with one of the members of the committee. There was not really — I know Ms. McNeil talked about it, too. That there really was not much money associated with the declaration of it. But really, I mean the greatest benefit that was making sure that our own Americans understood what we are facing. That is what I was trying to say, sir.

Chairman CUMMINGS. You are fine. All right. I want to again thank all of you. And I am looking with great excitement to seeing you again. Week of May 6th. All right?

Mr. CARROLL. Yes sir. See you then. No, I will see you before then.

Chairman CUMMINGS. Good. No, you go ahead. Oh you want to see me again?

Mr. CARROLL. Yes sir. I will meet you in Baltimore.

Chairman CUMMINGS. All righty. Ms. McNeil, thank you. Thank you. I want to thank you all for what you have done. Thank you, Mr. McDaniel. I hope that you understand what I am trying to do. Life is short. Life is short. And I want you to understand, Mr. Carroll, the reason why I have so much urgency, I spent six months in the hospital over the last year.

Mr. CARROLL. Sorry.

Chairman CUMMINGS. Over a year ago, now. But, you know, when you get to do that, you think about your life. But you also think about your death. And I thought about all the people that I have known who have died over drug overdoses. The first person that I knew of that died of a drug overdose, I was eight years old. I am 68. I did not understand what an overdose was. But I knew that this was a guy in our neighborhood who we looked up to. The next thing you know a little kid had said the guy died. What are you talking about, died of drug overdoses? Well only thing I knew about drugs was castor oil. I mean, you know, medicine. Prescription drugs. But my guy, they guy I looked up to was dead. That is why I could empathize with what you said. Because if you went into my block in Baltimore, I guarantee you there is not one family out of about maybe 40 families who have not been severely touched by drugs. And it has no boundaries.

When Joe Scarborough and I were working on these different issues, I will never forget, I went to Ohio and a Congressman had invited me up there. And we went to a drug meeting. And where, you know, parents were getting together and talking and sheriffs and all that. And if I had closed my eyes — this was a rural, white neighborhood. I mean rural. If I had closed my eyes, I would of swore I was in the inner city of Baltimore.

They talked about the same things. They talked about how drugs were taking over their town and how it destroyed the fabric of the people in their families. They talked about how people were, did not even know their relatives anymore. Because as you know,

drugs — people on drugs lie, steal, cheat, whatever they got to do trying to deal with that pain. My point is that we have now moved, and people I think are — kind of used to paint the drug problem as a Black thing. It is not a Black thing. And you know that. And that is another word I want to get out to the world.

Finally, thank God, we are dealing with is not as a Black/White thing. Not as a rural/city thing. None of that. We are dealing with as a human problem. A human ailment. And you know what? You are so blessed. You are so blessed for a man of your stature believing what you believe. Having the compassion and having gone through what you have been through and you know what, I again, you know, it is not — you know, I know it was painful dealing with — I do not know if it was a relative. Relative, friend?

Mr. CARROLL. Yes sir.

Chairman CUMMINGS. Okay friend. I will say friend.

Mr. CARROLL. Relative.

Chairman CUMMINGS. Okay.

Mr. CARROLL. Yes sir.

Chairman CUMMINGS. It is painful. But you know what, it prepares you for this.

Mr. CARROLL. Absolutely.

Chairman CUMMINGS. Another thing I tell my staff. Everything that happens to you up until this moment, good, bad and ugly, prepares you for this moment.

So that is a part of your training to have that compassion to be the best you can be. To take your smarts and apply them to situations where you help somebody avoid tragedy.

Mr. CARROLL. Thank you.

Chairman CUMMINGS. And so I thank you so much. I am sorry we had to go through what we went through. But you got to answer me one more question. You — one of the — in fairness to you. This is in fairness to you. One of the times we had to postpone the hearing is because you had to go to China.

Mr. CARROLL. Yes sir. And that was —

Chairman CUMMINGS. I am going to let you talk.

Mr. CARROLL. That was canceled because the Colombian President came to town. I had to meet with the Colombian President. And so did the Chinese President. Last minute but —

Chairman CUMMINGS. What happened?

Mr. CARROLL. I had to meet with the Colombian President and so did the Chinese President.

Chairman CUMMINGS. Oh, so you did not go to China?

Mr. CARROLL. No, I met with the Colombian President, instead.

Chairman CUMMINGS. Fine, fine, fine. What I was getting ready to ask you —

Mr. CARROLL. I just wanted to be candid and tell you what happened.

Chairman CUMMINGS. We can still — this is the last question.

Mr. CARROLL. Yes sir.

Chairman CUMMINGS. I thought you had gone to China, but when I heard you talk about where fentanyl is coming from.

Mr. CARROLL. Yes sir.

Chairman CUMMINGS. I was just wondering what can we do to try to affect that. Are you talking to the President? We know where it is coming from. What can we do?

Mr. CARROLL. You know we have taken a good first step. At the G20 down in South American a few months ago, the two Presidents got together and President Xi of China agreed to do class scheduling of fentanyl. Now what we have to do, and this is why it is so important for us to go and we have been working with all of our law enforcement partners, and I will share the strategy with you off camera.

Chairman CUMMINGS. Okay.

Mr. CARROLL. Of how we are doing it. But to go them, repeatedly and say, "Where are you in terms of scheduling it? What is the timeline for doing this?" And, of course, any time when you are dealing with a foreign entity like this, you want to make sure that not only do they pass the legislation, which should not be terribly hard in China, to pass legislation. Is to make sure that they start enforcing it. The other concern, of course, as part of the emerging threats is if we squeeze on China to make sure the fentanyl production does not go to other places. But let us talk about that off camera.

Chairman CUMMINGS. I promise you will. Thank you all very much. Oh wait a minute, hold on.

Without object, all members will have five legislative days to submit additional written questions for the witnesses, to the chair, which will be forwarded to the witnesses for their response. I ask our witnesses to please respond properly.

Thank you very much.

[Whereupon, at 1:34 p.m. the committee was adjourned.]

